



# Application for Annuity

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



page 1 of 4    Overnight Address: 4500 Lockhill-Selma Road, San Antonio, TX 78249    Mailing Address: PO Box 696763, San Antonio, TX 78269    Phone Number: 1-800-252-9546

## 1. ANNUITANT

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender  M  F  Yes  No  
 U.S. Citizen  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. OWNER (If other than Annuitant. If IRA or TSA, the Owner and Annuitant must be the same person.)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender  M  F  Yes  No  
 U.S. Citizen  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust, Corporation, or Charity is named as Owner, copy of Trust Agreement or Corporate Resolution must be provided.

## 3. JOINT OWNER (Not available with Qualified plans)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Gender  M  F  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust, Corporation, or Charity is named as Owner, copy of Trust Agreement or Corporate Resolution must be provided.

## 4. PRIMARY BENEFICIARY (A Date of Birth and SSN is required for each beneficiary. Complete Additional Beneficiary Page if additional space is needed.)

A. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Percent Payable \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  M  F  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust is named as Beneficiary, provide date trust was created. Month | \_\_\_\_\_ Day | \_\_\_\_\_ Year | \_\_\_\_\_

B. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Percent Payable \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  M  F  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust is named as Beneficiary, provide date trust was created. Month | \_\_\_\_\_ Day | \_\_\_\_\_ Year | \_\_\_\_\_

## 5. NAME OF ANNUITY PRODUCT APPLIED FOR (A signed copy of the product disclosure form given to owner must be submitted.)

\_\_\_\_\_

## 6. APPLIED FOR ANNUITY TYPE

**NON-QUALIFIED**       **QUALIFIED**      If Qualified, check the type of plan.  
 CASH WITH APPLICATION       ROLLOVER       IRA       SEP       PENSION PLAN  
 1035 Exchange       TRANSFER       Roth IRA       TSA-403b      (Profit Sharing or Defined Benefit)  
 CASH WITH APPLICATION       Other \_\_\_\_\_

(ANICO does not offer SIMPLE IRA's)

Amount paid with application \$ \_\_\_\_\_ (Check must be payable to American National Insurance Company.)

If a 1035 Exchange, Rollover, or Transfer is occurring, the expected premium amount is \$ \_\_\_\_\_.



**7. BILLING DATA FOR FLEXIBLE ANNUITY USE ONLY. (Minimum additional premium \$100 EFT)**

MODE:  Annual  Semiannual  Quarterly  Monthly Amount \$ \_\_\_\_\_  
METHOD:  Direct  EFT (attach voided check)  Government Allotment  Salary Deduction\*

\*Complete for salary deduction selection: Franchise Name | \_\_\_\_\_ Franchise Number | \_\_\_\_\_

**8. RIDER SELECTION AND INITIAL PREMIUM ALLOCATION**

**Only complete for applicable index annuity products when appropriate.  
Not all products may be available in all states. Check product availability for your state.**

**ANICO Strategy Indexed Annuity** *Riders may only be added at issue*  
 Lifetime Income Rider  Enhanced Death Benefit Rider

**ANICO Strategy Indexed Annuity PLUS**  
Use Supplemental Application Form 10585 for this section

Initial Premium Allocation  
Declared Interest Option \_\_\_\_\_ %  
Indexed Interest Option \_\_\_\_\_ %  
Total 100 %

**9. INCOME OPTIONS - FOR IMMEDIATE ANNUITIES ONLY Complete a W-4P for withholdings**

**Single Life Payout Options**

- With Cost of Living Adjustment**
  - Life Only
  - Life with Certain Period \_\_\_\_\_ years (5 - 20)
  - Certain Period \_\_\_\_\_ years (5 - 30)
  - Fixed Amount for \_\_\_\_\_ years or \$ \_\_\_\_\_

**Joint Life Payout Options**

- With Cost of Living Adjustment**
  - Joint to Survivor
  - Joint to Spouse
  - Payments to be made for a Certain Period of \_\_\_\_\_ years (5 -20)

Joint Annuitant Name: | \_\_\_\_\_  
 SSN  TIN | \_\_\_\_\_ Gender  M  F  
Date of Birth \_\_\_\_\_ U.S. Citizen  Y  N  
Payments will be \_\_\_\_\_ % upon death of 1st life

**Single Life Payout Options - Cost of Living Adjustment not available:**

- Life Cash Refund
- Life Installment Refund

**If you have elected a Cost of Living Adjustment, please complete the following:**

- Simple Interest at \_\_\_\_\_% (1-5)  Compound Interest at \_\_\_\_\_% (1-5)

**Frequency of Payments:**  Monthly  Quarterly  Semiannual  Annual **Date Payments to Start** | \_\_\_\_\_  
**Method:**  EFT (Attach Voided Check)

**10. TOTAL INSURANCE/ANNUITIES IN FORCE ON PROPOSED ANNUITANT**

- Yes  No Do you have existing life insurance or annuity coverage?
- Yes  No Will the annuity applied for replace or use cash values of any existing life insurance or annuity issued by any company?

If "Yes", agent must provide and complete the appropriate replacement form.

**FRAUD WARNING**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**APPLICATION SIGNATURES**

To the best of my knowledge and belief, the statements and answers in this application are true and complete.

Under penalty of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 2.) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3.) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(State) (Day) (Month) (Year)

Signature of Annuitant

Signature of Joint Annuitant (For Immediate Annuities)

Signature of Owner, if other than Annuitant

Signature of Joint Owner, if other than Annuitant

Signature of Agent

Florida License Identification Number





**Premium Receipt**  
**American National Insurance Company**  
**One Moody Plaza, Galveston, Texas 77550-7947**

Valid only for an annuity and for the premium amount shown in the application paid for an annuity.

Received from \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

the sum of (\$ \_\_\_\_\_) in cash as premium on an annuity on the life of \_\_\_\_\_

for which an application has been made to this company, bearing the same number and date as this receipt.

Signature of soliciting agent \_\_\_\_\_

Print agent's name \_\_\_\_\_

The company accepts payment by check, draft, or money order subject to its being honored upon presentation. Checks, drafts, or money orders must be made payable to American National Insurance Company. Do not leave payee blank or make payable to agent.



# Disclosure Statement for the Palladium® Multi-Year Guarantee Fixed Annuity

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947

page 1 of 4

Thank you for applying for the Palladium® Multi-Year Guarantee Fixed Annuity. We want to make sure that you understand its features and benefits.

This annuity is a single premium fixed deferred annuity. This means you make a single premium payment at the time you apply for your annuity contract; no further premium payments are accepted. It is a tax-deferred annuity, which means you do not pay taxes on the interest earned until the money is paid to you. It is a fixed annuity, which means it earns a specified interest rate during the guaranteed period.

The annuity is intended for long-term accumulation needs, such as retirement planning. It is not meant to be used to meet short-term financial goals.

Please read the following information carefully, then sign and return the attached statement with your application.

**If you have questions about this annuity, please contact your agent, broker or advisor, or contact a company representative at 1-800-252-9546.**

## THE ANNUITY CONTRACT

Select one of eight interest rate guarantee periods:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Palladium® MYG 3 | <input type="checkbox"/> Palladium® MYG 4 | <input type="checkbox"/> Palladium® MYG 5 | <input type="checkbox"/> Palladium® MYG 6  |
| <input type="checkbox"/> Palladium® MYG 7 | <input type="checkbox"/> Palladium® MYG 8 | <input type="checkbox"/> Palladium® MYG 9 | <input type="checkbox"/> Palladium® MYG 10 |

Check availability of all interest rate guarantee periods

### How will the value of my annuity grow?

We will credit interest at an annual effective interest rate of \_\_\_\_% during the first contract year and \_\_\_\_% during the remainder of the Interest Rate Guarantee Period (contract years 2 through \_\_\_\_).

We will periodically declare the interest rate that will be credited following the Interest Rate Guarantee Period. All interest rates will be declared as an annual effective rates of interest. Interest rates declared after the Interest Rate Guarantee Period may be higher or lower than the current declared interest rate; however, subsequent declared interest rates will never be less than the Minimum Guaranteed Interest Rate specified in your contract.

Interest will be credited to your annuity daily on a compound basis based on a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

## BENEFITS

### How do I get income (payouts) from my annuity?

#### Prior to the maturity date:

You may take systematic withdrawals from your contract, and these withdrawals may be started at issue or at some predetermined date in the future. The systematic withdrawals can be for a fixed amount or for interest that has accrued on your Annuity Value. In the first contract year only withdrawals of the interest earned are free of Surrender Charges, Market Value Adjustment, or Excess Interest Deduction. Beginning in the second contract year and thereafter, up to 10% of the Annuity Value at the beginning of the contract year may be withdrawn free of Surrender Charges, Market Value Adjustment, or Excess Interest Deduction. For withdrawals in excess of 10% of the Annuity Value, a partial Surrender Charge will apply and is calculated from the Surrender Charge schedule as defined below. A Market Value Adjustment or an Excess Interest Deduction (if applicable in the issue state) may also be applied to the partial withdrawal. The surrender value may be applied to a settlement option any time prior to the maturity date so long as the surrender value is at least \$2,000.

*Continued on reverse side ...*

**Please retain this page for your records.**



### After your maturity date:

You may elect to receive the proceeds of your annuity in a lump sum or in a series of payments. We offer a variety of settlement options:

1. Equal payments will be paid for a fixed number of years.
2. Payments for a Fixed Period and Life Thereafter.
3. Payments of a Fixed Amount will be paid in equal annual, semi-annual, quarterly, or monthly payments.
4. Interest Payments will be paid at the effective rate of 1.5% per year.
5. Payments for Joint and Surviving Spouse Annuity
6. Minimum equal periodic payments consistent with the requirements of Section 72(q) (2) (D) of the Internal Revenue Code of 1986, as amended.

If you elect a settlement option, Settlement Option 4 will allow you to take withdrawals or surrender your contract. Your financial advisor or attorney can help you make the right choice for your needs at the time you elect to receive your annuity benefit.

### What happens after I die?

*Before Distributions Under a Settlement Option Have Begun:*

The Death Benefit of this contract is equal to the greater of the Annuity Value or the Surrender Value on the date that we receive Proof of Death.

The Death Benefit is payable to the Beneficiary upon the death of (1) the Owner, (2) the death of a Joint Owner who is not the spouse of the surviving Joint Owner, (3) the simultaneous death of Joint Owners, or (4) the death of the Annuitant if the Annuitant is not the Owner.

*Spousal Continuation:*

If the surviving Joint Owner is the spouse of the deceased Joint Owner, the surviving Joint Owner may elect to either receive the Death Benefit or to continue the contract in force.

*After Distributions Under a Settlement Option Have Begun:*

If the Annuitant dies after distributions under a settlement option have begun, any remaining guaranteed payments will continue to be made to the Beneficiary.

## FEES, EXPENSES & OTHER CHARGES

If you surrender your annuity contract during the first ten years, a Surrender Charge applies to withdrawals in excess of the free withdrawal amount. However, within 30 days after the initial guarantee period, full surrender will be allowed without a Surrender Charge, Market Value Adjustment, or Excess Interest Deduction. After this 30-day period, the normal Surrender Charges according to the schedule below would apply. A Market Value Adjustment or Excess Interest Deduction (if applicable in the issue state) may also be applied during the 10-year Surrender Charge period.

Contract Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
Surrender Charge	8	8	8	7	6	5	4	3	2	1

When insurance companies issue annuities, they assume several risks. One risk is the chance that contract owners will want to withdraw money from their annuities at a time when the market value of the investments backing their annuities is low. When an insurance company issues an annuity with a Market Value Adjustment (MVA) feature, the contract owner may share some of that risk through the MVA. This adjustment could increase or decrease the Annuity Value of an annuity only if more than the Surrender Charge-free amount is withdrawn or the contract is surrendered during the Surrender Charge period. Because the insurance company and the contract owner share the risk with MVA annuities, a higher interest rate can usually be paid on MVA annuities than on similar annuities without MVAs.

The amount of the MVA is determined by a mathematical formula using an external index, which measures changes in the interest rate environment. In general, if external interest rates are lower at the time of withdrawal than at the time the premium was received, the Surrender Value will be increased. If external interest rates are higher at the time of withdrawal than at the time the premium was received, the Surrender Value will be reduced.

*Continued on next page ...*

**Please retain this page for your records.**



## Guaranteed Minimum Cash Surrender Value

Your contract provides a minimum guarantee should you decide to surrender your contract. The Guaranteed Minimum Surrender Value is 90% of premium, accumulated at a minimum guaranteed interest rate as required by your state, minus any partial surrenders you may have taken from the contract, and premium taxes.

## Do I pay any other fees or charges?

No. There aren't any other fees or charges on this annuity. Also, you pay only one premium for your annuity.

## TAXES

### How will annuity payments and withdrawals from my annuity be taxed?

Federal income tax on annuity earnings is deferred until distributions are taken from the annuity. Distributions taken before age 59 ½ are subject to a 10% tax penalty unless an exception applies. If your state imposes a premium tax, it may be deducted from the money you receive. Income received under a settlement option is treated as part income (taxable) and part return of basis (not taxed). Additional rules apply to qualified annuities. Consult your tax advisor or tax attorney for your specific circumstances.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. You may pay a Surrender Charge if you make the exchange during the first ten years you own the annuity. Also, you may pay a Surrender Charge if you make withdrawals from the new annuity during the first years you own it.

### Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k), or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs, not its tax benefits.

## OTHER INFORMATION

### What else do I need to know?

- If you choose a settlement option you will no longer be able to take withdrawals or surrender your contract.
- We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we'll tell you about the changes in writing.
- We pay the agent, broker, or firm for selling the annuity to you.
- Many states have laws that give you a set number of days to look at an annuity after you buy it. If you decide during that time that you don't want it, you can return the annuity and get all your money back. Read your contract to learn about your **free look** period.

### What should I know about the insurance company?

Established in 1905, American National Insurance Company has been a consistent source of financial strength and long term planning which has earned the respect of its policyowners. American National's financial strength and operating integrity have positioned it as a leader in the insurance industry. American National offers innovative insurance and related financial products, customer-focused service, and ranks among the larger life insurance companies in the United States.

### For more information, please visit our website: [www.anico.com](http://www.anico.com)

This Disclosure Statement is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. The Palladium® Multi-Year Guarantee Fixed Annuity may not be available in all states. Contact your agent or American National Insurance Company with any questions.

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**Please retain this page for your records.**



# Disclosure Statement for the Palladium® Multi-Year Guarantee Fixed Annuity

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



## Owner/Annuitant's Statement

I confirm that:

- I am purchasing a Palladium® Multi-Year Guarantee Fixed Annuity

Select one:

- Palladium® MYG 3     
  Palladium® MYG 4     
  Palladium® MYG 5     
  Palladium® MYG 6  
 Palladium® MYG 7     
  Palladium® MYG 8     
  Palladium® MYG 9     
  Palladium® MYG 10

Check availability of all interest rate guarantee periods.

- I have read the Palladium® Multi-Year Guarantee Fixed Annuity Product Brochure
- I have read the Palladium® Multi-Year Guarantee Fixed Annuity Disclosure statement and have kept a copy
- I understand that the results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties

I will receive a guaranteed interest rate of \_\_\_\_\_% in year 1, and \_\_\_\_\_ in years 2 through \_\_\_\_\_.

Name of Annuitant \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

For the agent:

- I certify receipt of \$ \_\_\_\_\_ given to purchase a Palladium® Multi-Year Guarantee Annuity contract.  
 1035 Exchange  
 Transfer of Funds

**I certify that the disclosure material has been presented to the annuitant/owner and a copy was provided to the annuitant/owner. I have not made statements that differ from this material nor have I made any promises about the expected future values of this contract.**

Signature of Agent \_\_\_\_\_ Agent PC Number, SSN, or TIN (you must provide one)

Withdrawals made prior to the owner's attained age 59½ may incur a federally imposed tax penalty. Please consult your tax advisor.

This Disclosure is intended to be used with  
Form Series MYGNQ, MYGPQ, GMYGNQ-C, GMYGPQ-C.

Not FDIC/NCUA insured	Not a deposit	Not insured by any federal government agency	No bank/CU guarantee	May lose value
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White - Home Office Copy

Pink - Client Copy

Yellow - Agent Copy



Disclosure and Comparison of Annuity Contracts

American National Insurance Company
One Moody Plaza, Galveston, TX 77550-7947



EXISTING ANNUITY CONTRACT

PROPOSED ANNUITY CONTRACT

Annuitant(s) \_\_\_\_\_ Annuitant(s) \_\_\_\_\_

Insurer: \_\_\_\_\_ Insurer: \_\_\_\_\_

Contract #: \_\_\_\_\_ Application #: \_\_\_\_\_

Table with 3 columns: Existing Annuity Contract, Replacement Annuity, and various contract details like Issue Date, Premium, and Surrender Charge.

Other: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_





**DISCLOSURE OF SURRENDER CHARGES IF  
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. \_\_\_\_\_

Annuity Total Value<sup>i</sup>     \$ \_\_\_\_\_                      Annuity Surrender Value<sup>ii</sup>     \$ \_\_\_\_\_

Surrender Charges<sup>iii</sup> Applicable at exchange     \$ \_\_\_\_\_ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

\_\_\_\_\_  
Agent's Name (please print)

\_\_\_\_\_  
Florida License No.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

**NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.**

**THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

**APPLICANT: DO NOT SIGN THIS FORM IF:**

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED, OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Joint Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant's Signature





## EXPLANATION OF TERMS (CONTINUED)

**“Participation Rate”** is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

**“Index Type”** is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

**“Market Value Adjustment”** is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**“Death Benefit Amount”** is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**“Free Withdrawals”** are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

**“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**“Change of Annuitant upon Death”** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**“Waiver of Surrender Charge Benefit or Similar Benefit or Provision”** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

<sup>i</sup> This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

<sup>ii</sup> This amount represents the surrender value of the existing annuity.

<sup>iii</sup> Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Joint Applicant Signature / Date



# Annuity Suitability Analysis / USA PATRIOT Act Form

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



*This form is designed to assist the agent in determining the suitability of an annuity sale.*

## SECTION 1 INFORMATION

### A Personal Information

Owner Full Name \_\_\_\_\_ SS#/Tax ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Marital Status:  Married  Single Occupation \_\_\_\_\_

List Number of Dependents \_\_\_\_\_ Dependent ages \_\_\_\_\_

### B Financial Information

- (Financial Experience) Have you had experience with any of the following investments and insurance products, and if so how long?  
 Mutual Funds \_\_\_\_\_ # of yrs.  401(k) Plans \_\_\_\_\_ # of yrs.  Stocks \_\_\_\_\_ # of yrs.  Bonds \_\_\_\_\_ # of yrs.  
 CDs \_\_\_\_\_ # of yrs.  Savings Accounts \_\_\_\_\_ # of yrs.  Life Insurance \_\_\_\_\_ # of yrs.  
 Annuities \_\_\_\_\_ # of yrs.  Other \_\_\_\_\_ # of yrs.  
 If so, please explain your experience: \_\_\_\_\_
- (Risk Tolerance) In considering this product, what is your risk tolerance?  
 Conservative (Low Risk)  Moderately Conservative  Moderate  Moderately Aggressive  Aggressive (High Risk)
- Annual Gross Income:  \$0 – 29,999  \$30,000 – 49,999  \$50,000 – 74,999  
 \$75,000 – 99,999  \$100,000 – 149,999  \$150,000 – 249,999  \$250,000 – 399,999  \$400,000 – Over
- Source of Income **(Check all that apply)**  
 Salary (W-2)  Investments  Social Security  Pension Plans  Reverse Mortgage  Other \_\_\_\_\_
- What type of investments and insurance products do you own?  
 Mutual Funds  Stocks  Bonds  CDs  
 Savings Accounts  Life Insurance  401(k) Plans  Annuities  Other \_\_\_\_\_
- What type of life insurance or other annuities do you own? \_\_\_\_\_
- Estimated Net Worth **(Exclude primary residence, furnishings, automobiles, or funds from a reverse mortgage.)**  
 \$0 – 74,999  \$75,000 – 149,999  \$150,000 – 249,999  \$250,000 – 499,999  
 \$500,000 – 999,999  \$1,000,000 – Over
- Liquid Net Worth **(These are assets that can be easily converted to cash without incurring penalty charges after purchasing this annuity. Do not include funds from a reverse mortgage.)**  
 Under \$25,000  \$25,000 – 50,000  \$50,000 – 100,000  \$100,000 – 250,000  Over \$250,000
- (Financial Objectives) Why are you purchasing this annuity? **(Check all that apply):**  
 Income  Stable Growth  Tax Deferral  Estate Planning  Death Benefit  
 Safety of Principal  Retirement  Other \_\_\_\_\_
- After the purchase of this annuity, will your income and liquid net worth be enough for living expenses and emergencies?  Yes  No  
**Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.**
- (Financial Time Horizon) With the exception of any surrender charge free withdrawal, do you expect to withdraw any money from this annuity before the end of the surrender charge period?  Yes  No  
 If "Yes", please explain. \_\_\_\_\_
- (Tax Status) What is your Federal Income Tax Bracket:  15%  28%  33%  38%
- What source of funds will you use to buy this annuity? \_\_\_\_\_



**C Exchanges/Replacements**

**If you are exchanging one annuity for another, compare the benefits, features, and costs of the two annuities. (Agent must complete this section and any appropriate state replacement form.)**

Policy Comparison	Replaced	Proposed	Policy Comparison	Replaced	Proposed
Surrender Charge Amount Remaining (in dollars)	\$	N/A	Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Premium Enhancement (Bonus) Amount	\$	\$	Minimum Guaranteed Non-Forfeiture Interest Rate	%	%
Premium Enhancement (Bonus) Recapture Charge			Guaranteed Declared/Fixed Interest Rate	%	%
Remaining Surrender Charge Period (# of years)			Confinement Waiver/Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualified Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Illness Waiver/Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Annual Surrender Charge Free Withdrawal Privilege</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Optional Rider Benefits Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Percentage Rate	%	%	Optional Rider Benefit Fees (Amount)	\$	\$
• Available When (i.e. during 1st contract year or beginning in 2nd contract year)?					

List or compare any other fees, features, benefits or factors that explain the reason(s) for this exchange:

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Besides this exchange, have you exchanged an annuity within the last 36 months?  Yes  No

If so, please list the product name and company of the prior exchanged annuity: \_\_\_\_\_

**\*\*\* IMPORTANT NOTICE \*\*\***

If I am exchanging my current annuity, I understand that with this exchange:

- I am subject to the commencement of a new surrender charge period with the new annuity.
- I will lose the existing contractual benefits of the annuity I currently own, including any benefits provided through optional riders.
- I will generally not receive all the benefits of the new annuity contract unless I hold the contract for the entire surrender charge period.



### NOTE TO AGENT/PRODUCER

*You should maintain any other information you used or considered in making your recommendation.*

## SECTION 2 REPRESENTATIONS AND SIGNATURES

### **Complete Either A or B**

**If Box A and B are both signed the annuity will not be issued and a new form must be submitted. Complete only one box.**

#### **Do Not Complete if You Completed Box "B"**

**A**

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

\_\_\_\_\_  
Signature Of Owner (or Trustee if owner is Trust)

\_\_\_\_\_  
Date

#### **Agent's Acknowledgement:**

Based on information collected, I believe the purchase of this annuity is suitable.

\_\_\_\_\_  
Signature of Agent/Producer

\_\_\_\_\_  
Date

#### **Do Not Complete if You Completed Box "A"**

**B**

I elect not to provide the information in Sections 1B & C and/or I elect not to provide answers to certain questions in Sections 1B & C. I acknowledge that I have decided to purchase this annuity without a recommendation from my agent or the Company. I understand that the annuity is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

\_\_\_\_\_  
Signature Of Owner (or Trustee if owner is Trust)

\_\_\_\_\_  
Date

#### **Agent's Acknowledgement:**

The Owner(s) has not provided complete information and has decided to purchase this annuity without my recommendation.

\_\_\_\_\_  
Signature of Agent/Producer

\_\_\_\_\_  
Date



### USA PATRIOT Act Notice – to be read by or to customer.

1. The USA PATRIOT Act requires that we establish an Anti-Money Laundering (“AML”) Program, notify customers that we must verify the identity of the owner of our contracts, and collect documents and information sufficient to provide such verification. Failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

**Customer Identification Verification** In order to satisfy such obligations, we require our representative to review and verify a current government issued photo ID for the Owner/Trustee/Partner associated with a contract. Information on such identification must be recorded below. If the Owner is a minor or non-legal entity, review the identification of the individual who submits an application on behalf of the minor or non-legal entity. We may use third party sources to verify the information provided.

**a. Identification Verified**

Owner/Trustee/Partner

Check one form of ID:

- Driver's license  
 Resident Alien ID (Green Card)  
 Passport  
 Other: (Describe) \_\_\_\_\_

**The following information should be recorded exactly as it appears on the identification reviewed**

Owner	Date of Birth	
Street Address (not PO Box)		
City	State	Zip
Number on ID	State or Country	
Identification Expiration Date		

- b. Entity Verification:** Check the appropriate entity as listed below and submit copies of documentation viewed to gain first-hand knowledge of the existence of a legitimate business.

- Corporation, LLC, professional association, or professional corporation:** Articles of Incorporation, Organization or Association or similar document filed in the state in which the entity is formed  
 **Limited Partnership:** Certificate of Limited Partnership or similar document filed in the state where the partnership is formed  
 **General Partnership or Joint Venture:** Agreement, Joint Venture Agreement or similar agreement governing the formation and operation of the partnership  
 **Trust and All Other Entities:** Document governing the formation and operation of the entity

2.  I certify that I personally met with the proposed Owner/Trustee/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner/Trustee/Partners.  
 I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner/Trustee/Partners is true and accurate.

Reason for not reviewing documents \_\_\_\_\_

**Note:** Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_



# Annuity Suitability Questionnaire

American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



## PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Tax Status \_\_\_\_\_

Number and age of Dependents: \_\_\_\_\_

## JOINT ANNUITANT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Tax Status \_\_\_\_\_

Number and age of Dependents: \_\_\_\_\_

## APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Entity: \_\_\_\_\_

Tax Status \_\_\_\_\_ Relationship to Annuitant(s): \_\_\_\_\_

Form of Ownership: \_\_\_\_\_

Supporting documents (list): \_\_\_\_\_

	APPLICANT	JOINT APPLICANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Applicant's Signature** **Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Joint Applicant's Signature** **Date**





**Note:**

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

**Advantages of purchasing the proposed annuity:**

---

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**Disadvantages of purchasing the proposed annuity:**

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**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):**

---

---

Agent's Signature

Date Signed

**Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.**

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner Signature

Date Signed





# Non-Qualified 1035 Exchange Request

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



*Complete this form for Non-Qualified Accounts Only*

## 1. FUNDS COMING FROM:

### CHECK ONE:

**NEW SALE, APPLICATION ATTACHED** \_\_\_\_\_

**ADDITIONAL DEPOSIT TO EXISTING POLICY NUMBER** \_\_\_\_\_

TRANSFER COMPANY NAME AND ADDRESS: \_\_\_\_\_

TRANSFER COMPANY PHONE NUMBER: \_\_\_\_\_

NAME OF INSURED/ANNUITANT\*: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME OF JOINT OWNER: \_\_\_\_\_ SSN: \_\_\_\_\_

POLICY/ACCOUNT NUMBER WITH TRANSFER COMPANY: \_\_\_\_\_

**\*JOINT ANNUITANTS ARE ONLY ACCEPTED ON SPIA's\***

## 2. TYPE OF TRANSACTION:

I/We direct the Institution named above to liquidate and transfer the assets to American National in order to set up a Non-Qualified account:

### (MUST SPECIFY:)

Immediately  Upon Maturity \_\_\_\_/\_\_\_\_/\_\_\_\_

1035 Exchange, Non-Qualified Policy  Non-**1035 Exchange**, Non-Qualified Funds From:  
Mutual Fund, Bank CD, or Other Non-Qualified Asset.

Full 1035 Exchange

The Assignor hereby designates American National Insurance Company as beneficiary of the above policy/contract.

Immediately following the above beneficiary designation, Assignor does hereby assign and transfer without exceptions, limitations or reservation to American National Insurance Company all assignable benefits, interest, property, rights, claims, options, privileges, obligations and title in the policy/contract in exchange for a new policy/contract as described in Assignor's application to American National Insurance Company for such policy/contract.

Assignor and American National Insurance Company expressly represent and recognize that the sole purpose of this assignment is to affect an exchange of insurance policies/contracts. Assignor represents and agrees that Assignor has consulted his/her own tax advisor regarding the tax consequences of this transaction. Assignor represents and agrees that American National Insurance Company has made no representations concerning Assignor's tax treatment under Internal Revenue Code Section 1035 or otherwise as a result of this transaction. American National Insurance Company assumes no responsibility or liability for the assignor's tax treatment under Internal Revenue Code Section 1035(a) or otherwise as a result of this transaction.

\$ \_\_\_\_\_

Partial 1035 Exchange

I understand the Internal Revenue Service may take the position that an exchange of a portion of an existing life insurance policy/contract for a new life insurance policy or an annuity contract, or the exchange of a portion of an existing life insurance or annuity contract for a new annuity contract, does not qualify as a valid exchange under Section 1035 of the Internal Revenue Code. I understand, acknowledge, and agree that American National assumes no liability or responsibility for any tax consequences associated with the proposed partial exchange.

\$ \_\_\_\_\_  \_\_\_\_\_ %

Please complete the information below if 1035 Exchange includes loan value:

\$ \_\_\_\_\_ Amount of 1035 Exchange      \$ \_\_\_\_\_ Amount of loan included in 1035 Exchange  
(Not available with all products)

Appropriate loan form must be submitted with the application if transferring loan value.



**3. CONTRACT STATEMENT:**

CONTRACT INCLUDED *If contract is not lost, please submit with this form.*

CERTIFICATE OF LOST CONTRACT

I/We certify that the above numbered contract has been lost or destroyed and to the best of my/our knowledge and belief, is not in anyone's possession.

**4. SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. SIGNATURES:**

I/We agree that (1) American National is participating in this transaction at my specific request and as an accommodation to me; (2) American National and its representatives make no representation concerning treatment under IRC Section 1035(a) or otherwise; (3) American National assumes no responsibility nor any liability for the validity of this transaction or for the tax treatment under IRC Section 1035(a) and assumes that I/We consulted a tax advisor; (4) No person, firm, or corporation has a legal or equitable interest under the above referenced contract, except the undersigned, and no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned or involving the above referenced contract; and (5) the full-partial distribution from my existing contact may be subject to surrender charges.

I/We authorize the transaction described above.

For the benefit of: \_\_\_\_\_

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(City, State)

Owner \_\_\_\_\_ Witness \_\_\_\_\_

Joint Owner \_\_\_\_\_ Witness \_\_\_\_\_

Annuitant \_\_\_\_\_

Agent \_\_\_\_\_

Guarantee (if required) \_\_\_\_\_

**6. ACCEPTANCE: TO BE COMPLETED BY AMERICAN NATIONAL**

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with a copy of this form to:

ANNUITY SERVICES DEPARTMENT

American National Insurance Company  
P O Box 696763  
San Antonio Tx 78269  
1-800-252-9546

*If shipping via overnight service:*

American National Insurance Company  
Annuity Services Dept  
4500 Lockhill-Selma Road  
San Antonio Tx 78249

VARIABLE CONTRACTS DEPARTMENT

American National Insurance Company  
P O Box 9001  
League City Tx 77594-9001  
1-800-306-2959

*If shipping via overnight service:*

American National Insurance Company  
Variable Contracts Dept  
2525 South Shore Blvd., Suite 300  
League City Tx 77573-2989

LIFE NEW BUSINESS

American National Insurance Company  
P.O. Box 696700  
San Antonio Tx 78269  
1-800-672-9960

*If shipping via overnight service:*

American National Insurance Company  
Life New Business  
4500 Lockhill-Selma Road  
San Antonio Tx 78249

**PLEASE MAKE CHECK PAYABLE TO: AMERICAN NATIONAL**

By \_\_\_\_\_ Date \_\_\_\_\_  
(Signature/Title)

**FOR ALL 1035 EXCHANGES, PLEASE PROVIDE THE COST BASIS INFORMATION FOR THE CURRENT POLICY.**



# Qualified Transfer or Rollover Request

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



*Complete this form for Qualified Accounts Only.*

## 1. FUNDS COMING FROM:

### CHECK ONE:

**NEW SALE, APPLICATION ATTACHED** \_\_\_\_\_

**ADDITIONAL DEPOSIT TO EXISTING POLICY NUMBER** \_\_\_\_\_

TRANSFER COMPANY NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TRANSFER COMPANY PHONE NUMBER: \_\_\_\_\_

NAME OF INSURED/ANNUITANT\*: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME OF OWNER\*: \_\_\_\_\_ SSN: \_\_\_\_\_

POLICY/ACCOUNT NUMBER WITH TRANSFER COMPANY: \_\_\_\_\_

**\*ANNUITANTS AND OWNER MUST BE THE SAME\***

## 2. COMPLETE THIS SECTION FOR TRANSFER REQUESTS AND DIRECT ROLLOVER REQUESTS:

Total, Full Liquidation \$ \_\_\_\_\_

Partial, % \_\_\_\_\_ or \$ \_\_\_\_\_

Annuitization, Term: \_\_\_\_\_ Frequency of Payments: \_\_\_\_\_

Please send these funds to American National Insurance Company

Immediately  Upon Maturity \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3. COMPLETE THIS SECTION FOR TRANSFER REQUESTS:

IRA/TSA Transfer into an annuity contract of the same qualification type (i.e. TSA, IRA, or both ROTH IRA)

As owner of the account or policy indicated in Section 1, I hereby request transfer of:

Tax-Sheltered Annuity (IRC Section 403(b))

ROTH I.R.A. or Annuity (IRC Section 408)

Individual Retirement Account or Annuity (IRC Section 408)

SEP IRA

Governmental 457 Deferred Compensation Plan

By signing below, I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations, and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date



#### 4. COMPLETE THIS SECTION FOR DIRECT ROLLOVER REQUESTS:

Direct Rollover into a Traditional IRA, 403(b) Plan, 457(b) Plan, or other qualified plan.

As owner of the account or policy indicated in Section 1, I hereby request a direct rollover of my:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Retirement Annuity (IRC Section 408) | <input type="checkbox"/> Tax-Sheltered Annuity (IRC Section 403(b)) |
| <input type="checkbox"/> Governmental 457 Deferred Compensation Plan     | <input type="checkbox"/> Qualified Employer Plan (IRC Section 401)  |
| <input type="checkbox"/> SEP IRA   | <input type="checkbox"/> ROTH IRA                                   |

into an

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Retirement Annuity (IRC Section 408) | <input type="checkbox"/> Tax-Sheltered Annuity (IRC Section 403(b)) |
| <input type="checkbox"/> Governmental 457 Deferred Compensation Plan     | <input type="checkbox"/> SEP IRA <input type="checkbox"/> ROTH IRA  |

I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor.

I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee, or Custodian of either the distributing or receiving plans liable for any adverse consequences that may result.

I hereby irrevocably designate this contribution of funds and/or property indicated above as a direct rollover contribution.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

#### 5. CONTRACT STATEMENT:

- CONTRACT INCLUDED *If contract is not lost, please submit with this form.*
- CERTIFICATE OF LOST CONTRACT

I certify that the above numbered contract has been lost or destroyed and to the best of my knowledge and belief, is not in anyone's possession.

#### 6. REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION:

If you have attained age 70½, the IRS requires annual minimum distribution from your qualified account(s). If this rollover is being made during or after the first year for which you must take a required minimum distribution, you may not roll over any distribution, which would constitute a required minimum distribution from the distributing plan.

#### 7. SPECIAL INSTRUCTIONS:

#### 8. ACCEPTANCE OF FUNDS: TO BE COMPLETED BY AMERICAN NATIONAL

This is to certify that American National Insurance Company will accept the funds to establish a qualified annuity. Please do not withhold any taxes from the amount being transferred.

##### ANNUITY SERVICES DEPARTMENT

American National Insurance Company  
P O Box 696763  
San Antonio Tx 78269  
1-800-252-9546

*If shipping via overnight service:*

American National Insurance Company  
Annuity Service Dept  
4500 Lockhill-Selma Road  
San Antonio Tx 78249

##### VARIABLE CONTRACTS DEPARTMENT

American National Insurance Company  
P O Box 9001  
League City TX 77574-9001  
1-800-306-2959

*If shipping via overnight service:*

American National Insurance Company  
Variable Contracts Dept  
2525 South Shore Blvd., Suite 300  
League City Tx 77573-2989

##### LIFE NEW BUSINESS

American National Insurance Company  
P.O. Box 696700  
San Antonio Tx 78269  
1-800-672-9960

*If shipping via overnight service:*

American National Insurance Company  
Life New Business  
4500 Lockhill-Selma Road  
San Antonio Tx 78249

#### PLEASE MAKE CHECK PAYABLE TO: AMERICAN NATIONAL

By \_\_\_\_\_  
(Signature/Title)

Date \_\_\_\_\_



## DEFINITIONS

**QUALIFIED RETIREMENT PLANS** – Tax-qualified retirement plans may include pension, profit-sharing plan, 401(k), 403(b) Tax Sheltered Annuity (TSA), Simplified Employee Pension (SEP) Plan, Keogh, Traditional or Roth Individual Retirement Account (IRA).

**TRUSTEE-TO-TRUSTEE/DIRECT ROLLOVER TRANSFERS** – The TRUSTEE-TO-TRUSTEE transfer is the **transfer** of funds from one Qualified Retirement Plan to another Qualified Retirement Plan. A DIRECT ROLLOVER is the movement of funds from an Employer's Qualified Retirement Plan directly to an IRA with a new trustee. In both instances, the plan participant does not take actual or constructive receipt of the funds, and the check is made payable and sent to the new trustee.

Trustee-to-trustee transfers are non-reportable events. Direct rollovers are reported to the IRS by the employee plan trustee and coded as a direct rollover. Both the trustee-to-trustee transfers and the direct rollovers are different than 60-day rollovers in that the IRS allows more than one transfer/direct rollover within a year. Direct rollovers are not subject to mandatory tax withholding.

NOTE – If a lump-sum distribution of funds is taken from a tax-qualified employee retirement benefit plan and the plan participant does not choose to use a direct rollover, the employer could be required to withhold 20 percent (20%) for taxes. For this reason, direct rollovers are the preferred method of moving tax-qualified employee retirement benefit plan funds.

**60-DAY ROLLOVERS** – A tax-qualified 60-day rollover is the tax-free transfer of funds from one Qualified Retirement Plan to another Qualified Retirement Plan with the participant taking actual or constructive receipt of the funds. The check is made payable to the plan participant. The plan participant has 60 days to deposit these funds into another Qualified Retirement Plan or the distribution will be taxable. Plan participants can make one 60-day rollover of funds within a 12-month period. A tax-qualified 60-day rollover from a tax-qualified plan could be subject to mandatory tax withholding by the plan.

*Policy may be referred to as "contract" or "certificate" in some states.*



# USA Patriot Act Notification and Customer Identification Verification

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



1. **Client Name** \_\_\_\_\_ **Application or Policy Number** \_\_\_\_\_

**Source of Funds**  W-2 Wages  Investments  Social Security or Pension  Savings  another insurance contract  
 Other (please explain) \_\_\_\_\_

**USA PATRIOT Act Notice – to be read by or to customer.**

2. The USA PATRIOT Act requires that we establish an Anti-Money Laundering (“AML”) Program, notify customers that we must verify the identity of the owner(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

**Customer Identification Verification** In order to satisfy such obligations, we require our representative to review and verify a current government issued photo ID for each Owner/Trustee/Partner associated with a contract. Information on such identification must be recorded below. We may use third party sources to verify the information provided.

a. **Identification Verified** (One for each Owner/Trustee/Partner. Use additional forms if necessary.)

Owner/Trustee/Partner

Joint Owner/Trustee/Partner

Check one form of ID:

Check one form of ID:

Driver’s license

Driver’s license

Resident Alien ID (Green Card)

Resident Alien ID (Green Card)

Passport

Passport

Other: (Describe) \_\_\_\_\_

Other: (Describe) \_\_\_\_\_

**The following information should be recorded exactly as it appears on the identification reviewed**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address (not PO Box) \_\_\_\_\_

Street Address (not PO Box) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Number on ID \_\_\_\_\_ State or Country \_\_\_\_\_

Number on ID \_\_\_\_\_ State or Country \_\_\_\_\_

Identification Expiration Date \_\_\_\_\_

Identification Expiration Date \_\_\_\_\_

b. **Entity Verification:** Check the appropriate entity as listed below and submit copies of documentation viewed to gain first-hand knowledge of the existence of a legitimate business. If the Owner is a minor or non-legal entity, review the identification of the individual who submits an application on behalf of the minor or non-legal entity.

**Corporation, LLC, professional association, or professional corporation:** Articles of Incorporation, Organization or Association or similar document filed in the state in which the entity is formed

**Limited Partnership:** Certificate of Limited Partnership or similar document filed in the state where the partnership is formed

**General Partnership or Joint Venture:** Agreement, Joint Venture Agreement or similar agreement governing the formation and operation of the partnership

**Trust and All Other Entities:** Document governing the formation and operation of the entity

3.  I certify that I personally met with the proposed Owner(s)/Trustee(s)/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner(s)/Trustee(s)/Partners.

I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner(s)/Trustee(s)/Partners is true and accurate.

Reason for not reviewing documents \_\_\_\_\_

**Note:** Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

Representative Name \_\_\_\_\_ Personal Code \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_



# Notice to Applicant Regarding Replacement of Life Insurance or Annuities

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947

page 1 of 1

- American National Insurance Company (ANICO)
- American National Life Insurance Company of Texas (ANTEX)



A decision to buy a new contract and discontinue or change an existing contract may be a wise choice or mistake.

Get all the facts. Make sure you fully understand both the proposed contract and your existing contract or contracts. New contracts may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as suicide and incontestable clauses which may have already been satisfied in your existing contract or contracts.

Your best source for facts on the proposed contract is the proposed company and its agent. The best source of your existing contract is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing contract, Florida regulations require notification of the company that issued the contract.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your contract values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes

No

## **DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING CONTRACT UNTIL YOUR NEW CONTRACT HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.**

I have read this notice and received a copy of it.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name (Printed Or Typed)

\_\_\_\_\_  
Agent's Address (Printed Or Typed)

\_\_\_\_\_  
Agent's Company (Printed Or Typed)

Information on Contracts which may be replaced:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Comparative Information Form for Proposed Insurance

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7999

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- American National Insurance Company (ANICO)
- American National Life Insurance Company of Texas (ANTEX)



\_\_\_\_\_  
(Proposed Insurer)

\_\_\_\_\_  
(Insurer's Address)

\_\_\_\_\_  
(Replacing Agent's Name)

### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### Policy Information

Policy Generic Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Issue Age \_\_\_\_\_

Contestable Period Expires \_\_\_\_\_

Suicide Period Clause \_\_\_\_\_

Policy Loan Rate \_\_\_\_\_

### Policy/Rider Description

Policy/ Rider Name	Initial/ Continuing Benefit	(Age) Benefit		Initial/ Renewal Annual Premium	(Age) Payable	
		From	To		From	To

TOTAL INITIAL ANNUAL PREMIUM     \$ \_\_\_\_\_     MODE OF PAYMT. \_\_\_\_\_     AMT. \$ \_\_\_\_\_

TOTAL INITIAL RENEWAL PREMIUM     \$ \_\_\_\_\_     AMT. \$ \_\_\_\_\_



**COMPOSITE DISCLOSURE OF  
EXISTING INSURANCE FOR PRIMARY INSURED**

Yr	Guarantees				Projections*				
	Age	Annual Premium	Cumlty Premium	Cash Value	Death Benefit	Annual Premium	Cumlty Premium	Cash Value	Death Benefit
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

\*Projections include dividends and current interest rates which are not guaranteed.

**Important Notice:**

**The income tax treatment of the benefits illustrated above may significantly affect their magnitude.**

**Competent tax advice should be secured to clarify income tax implications.**