



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
 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
 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 Yes No | 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 Yes No | 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 Yes No | 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

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 includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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



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 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th
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

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.

Continued on next page ...

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



Fixed Annuity Suitability Analysis / USA PATRIOT Act Form

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



This form must be completed for persons that are purchasing a fixed annuity.

This form is designed to assist the agent and client in gathering information to determine whether the purchase of an annuity is suitable for the client.

This form or other documentation that contains substantially the same information that the agent used in evaluating suitability and making a recommendation must be maintained in the agent's client file for a minimum of 5 years in most states and up to 10 years in certain other states, after the insurer completes the recommended transaction.

Section 1

A Personal Information

Owner Full Name _____	SS#/Tax ID # _____	Date of Birth _____	Age _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> 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
Annual Surrender Charge Free Withdrawal Privilege	<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:

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 Producer: You should maintain in your files any other information you used or considered, not listed above, in making your recommendation.

Prior to selling individual fixed deferred and immediate annuity contracts directly to consumers, the Act requires insurers, insurance producers and non-licensed society agents, representatives or members to make reasonable efforts to obtain and record information regarding:

- the consumer's financial status,
- the consumer's tax status,
- the consumer's investment objectives, and
- any other information considered to be relevant to provide reasonable grounds for believing the annuity is suitable for the consumer.

The form containing this information must be signed and dated by the consumer and must also include information advising the consumer that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at www.njdobi.org.

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 fixed 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.

Owner/Applicant Signature (or Trustee if owner is Trust)

Date

Agent's Acknowledgement:

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

Agent/Producer Signature

Date

Do Not Complete if You Completed Box "A"

B. I elect not to provide information in Sections 1B & C or answers to certain questions in Sections 1B & C and/or I have decided to purchase this fixed 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.

Owner/Applicant Signature (or Trustee if owner is Trust)

Date

Agent's Acknowledgement:

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

Agent/Producer Signature

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 _____



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:

- Individual Retirement Annuity (IRC Section 408)
- Governmental 457 Deferred Compensation Plan
- SEP IRA
- Tax-Sheltered Annuity (IRC Section 403(b))
- Qualified Employer Plan (IRC Section 401)
- ROTH IRA

- into an
- Individual Retirement Annuity (IRC Section 408)
 - Governmental 457 Deferred Compensation Plan
 - Tax-Sheltered Annuity (IRC Section 403(b))
 - SEP IRA
 - 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.

- | | | |
|---|---|---|
| <p><input type="checkbox"/> ANNUITY SERVICES DEPARTMENT
 American National Insurance Company
 P O Box 696763
 San Antonio Tx 78269
 1-800-252-9546</p> <p><i>If shipping via overnight service:</i>
 American National Insurance Company
 Annuity Service Dept
 4500 Lockhill-Selma Road
 San Antonio Tx 78249</p> | <p><input type="checkbox"/> VARIABLE CONTRACTS DEPARTMENT
 American National Insurance Company
 P O Box 9001
 League City TX 77574-9001
 1-800-306-2959</p> <p><i>If shipping via overnight service:</i>
 American National Insurance Company
 Variable Contracts Dept
 2525 South Shore Blvd., Suite 300
 League City Tx 77573-2989</p> | <p><input type="checkbox"/> LIFE NEW BUSINESS
 American National Insurance Company
 P.O. Box 696700
 San Antonio Tx 78269
 1-800-672-9960</p> <p><i>If shipping via overnight service:</i>
 American National Insurance Company
 Life New Business
 4500 Lockhill-Selma Road
 San Antonio Tx 78249</p> |
|---|---|---|

PLEASE MAKE CHECK PAYABLE TO: AMERICAN NATIONAL

By _____ Date _____
 (Signature/Title)



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.



Important Notice: Replacement of Life Insurance or Annuities

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

page 1 of 4

American National Insurance Company
 American National Life Insurance Company of Texas



Do you have existing insurance or annuity coverage?

No; **It is not necessary** to complete the rest of this form. Please sign here.

Applicant's Signature

Date

Producer's Signature

Date

Yes; please continue.

This document must be signed by the applicant and the agent, a copy left with the applicant, and a copy included with the application forwarded to the Home Office.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. **You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost.** A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on pages 3 and 4 of this form.

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

1. Yes No Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
2. Yes No Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

If answer to both questions above is, "No", it is not necessary to complete the remaining pages of this form. Please sign below.

Applicant's Signature

Date



If you answered "yes" to either of the questions 1 or 2 on the bottom of page 1, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED	REPLACED (R) OR FINANCING (F)
-----------------	-------------------------	---------	----------------------------------

1. _____

2. _____

3. _____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. [If you request one, an in-force illustration, policy summary, or available disclosure documents must be sent to you by the existing insurer.] Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

SPECIFIC REASON FOR REPLACING EXISTING POLICY WITH NEW PROPOSED POLICY:

You SHOULD NOT take action to terminate, assign or alter your existing life insurance coverage until after you have been issued the new policy, examined it and have found it to be acceptable to you.

Remember, where a replacement is involved, the policy owner has the right to return the policy within thirty (30) days of delivery of the contract and receive a full refund of all premiums.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:



PREMIUMS:

Are they affordable?

Could they change?

Are they guaranteed on your current policy?

You're older - are premiums higher for the proposed new policy? On the old policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

Does your current policy pay dividends?

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations and contestable periods may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?



IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

Do you know the Guaranteed and Current Interest Rates for your current policy and the proposed new policy?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

Statement of Policy Regarding Replacements

Producers should not advise, suggest, or recommend that an existing life insurance policy or annuity contract be replaced unless it is in the interest of the customer.

I certify that only American National approved sales materials were used in my sales presentation, and copies of all materials used were given to the applicant. I also attest that I have been made aware of the Company policy regarding replacements, and I believe this proposed replacement falls within that policy.

Applicant's Signature

Date

Producer's Signature

Date

This is to acknowledge that I have reviewed and jointly completed this Replacement Questionnaire with the agent proposing my new policy. After considering all of the factors that relate to my personal situation, I believe it to be in my best interest to replace my current policy with the proposed new policy.

I certify that the responses herein are, to the best of my knowledge, accurate (see acknowledgement).

Applicant's Signature

Date

Producer's Signature

Date

INSTRUCTIONS TO PRODUCER: All pages of this form are to be completed in their entirety when a new ANICO/ANTEX policy is being issued to replace either another ANICO/ANTEX or another company's policy.