



Annuity Service Request Form

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

page 1 of 3 Mailing Address: PO Box 696763 San Antonio, TX 78269 Phone Number: 1-800-252-9546 Fax: (409) 766-2022

POLICY NUMBER: _____ **ANNUITANT:** _____

Note: The existing owner and joint owner (if applicable) must authorize all changes or requests by providing their signature in Section 8.

1. CHANGE OF NAME: Only complete this section if the annuitant, owner, or beneficiary's name has changed. Please complete section 3 for a Change of Annuitant, section 4 for a Change of Ownership, or section 5 for a Change of Beneficiary.

Annuitant Owner Beneficiary

Current Name: _____ New Name: _____

Reason for Change: Marriage Divorce Court Order Correction Other: _____

2. CHANGE OF ADDRESS:

Annuitant Owner Beneficiary

Old Address: _____ New Address: _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

3. CHANGE OF ANNUITANT: Only applies to contracts where a death benefit is not paid upon annuitant's death.

I/We hereby request that the annuitant be changed:

From: _____ To: _____

SSN TIN EIN _____ SSN TIN EIN _____

Date of Birth: _____ Date of Birth: _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

4. CHANGE OF OWNERSHIP:

Complete this section to change the Owner:

Existing Owner's Information:

Name: _____

SSN TIN EIN _____

Date of Birth: _____

Mailing Address _____

City _____ State _____ Zip _____

New Owner's Information:

Name: _____

SSN TIN EIN _____

Date of Birth: _____

Mailing Address _____

City _____ State _____ Zip _____

Complete this section to change and/or add a Co-Owner:

Existing Co-Owner's Information (if Co-Owner is changing):

Name: _____

SSN TIN EIN _____

Date of Birth: _____

Mailing Address _____

City _____ State _____ Zip _____

New Co-Owner's Information:

Name: _____

SSN TIN EIN _____

Date of Birth: _____

Mailing Address _____

City _____ State _____ Zip _____

Note: A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.



5. CHANGE OF BENEFICIARY:

I/We revoke existing designations and subject to any existing assignment, make the following Beneficiary and Contingent Beneficiary Designations:

Name of Primary Beneficiary:

Name of Contingent Beneficiary:

SSN TIN EIN _____

SSN TIN EIN _____

Date of Birth: _____

Date of Birth: _____

Relationship to Annuitant: _____

Relationship to Annuitant: _____

Mailing Address _____

Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Designation percentages must total 100%. Complete Additional Beneficiary Page (Form 10073 if additional space is needed. Unless otherwise directed, the beneficiaries in a class will share equally.

6. DISTRIBUTION REQUEST: A 10% Pre-Mature Distribution Penalty may be assessed if the owner of this contract is under age 59 1/2. Please refer to a tax consultant for further information.

IMPORTANT NOTICE: YOUR REQUEST TO BORROW, SURRENDER OR WITHDRAW FUNDS FROM YOUR ANNUITY CONTRACT MAY AFFECT YOUR CONTRACT VALUES; INCLUDING, BUT NOT LIMITED TO, YOUR GUARANTEED AND NON-GUARANTEED ELEMENTS, FACE AMOUNT AND/OR SURRENDER OF YOUR CONTRACT.

PARTIAL WITHDRAWAL

I hereby request a one-time withdrawal for |\$ _____ (\$250 minimum)

10% FREE WITHDRAWAL

I hereby request a withdrawal of 10% of the annuity value as of the beginning of the contract year.

INTEREST ONLY SYSTEMATIC WITHDRAWALS

I hereby request interest withdrawals from the contract on a systematic basis.

FIXED AMOUNT SYSTEMATIC WITHDRAWALS

I hereby request systematic withdrawals in the amount of |\$ _____ from the contract on a systematic basis.

CONTRACT SURRENDER

I hereby request a surrender of the entire contract for its full cash surrender value.

If you elected to receive distributions on a systematic basis, please specify the frequency in which the funds should be disbursed.

Monthly Quarterly Semiannual Annual Date of First Payment _____

A voided check must accompany this form if you have completed a request for a distribution. Distributions will be processed as secure ACH remittances directly into the account of your choice at your financial institution.

7. WITHHOLDING INSTRUCTIONS: Minimum Withholding is 10% and will be withheld if no election is made below.

Do not withhold taxes. I understand I am responsible for the payment of estimated taxes and that I may incur penalties if my payments are not enough.

I want to have _____% Federal Income Tax withheld from the taxable amount of the distribution.

I want to have _____% State Income Tax withheld from the taxable amount of the distribution. (If applicable)

Taxpayer Identification Number: _____ SSN TIN EIN

IRS regulations state that if your taxpayer identification number (social security or employer identification number) is not furnished, we will be required to withhold at the current applicable withholding rate. 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.

(b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest/dividends.

(c) The IRS has notified me that I am no longer subject to backup withholding.

3.) I am a U.S. person (including a U.S. resident alien).

NOTE: You may be subject to penalties under the estimated tax payment rules if enough tax has not been paid through either your estimated tax payment or withholding.



8. SIGNATURES:

The policyowner must sign this form. For ownership changes, the present policyowner and new policyowner must sign this form. When a change of ownership or beneficiary is occurring in a community property state, the spouse must also sign this form. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. The effective date of this request will be the date received in the Administrative Office of American National Insurance Company.

Current Owner Signature - Required

Date of Signature

Phone Number

Joint Owner Signature - if applicable

Date of Signature

Spousal Signature - if applicable

Date of Signature

New Owner Signature - if applicable

Date of Signature

New Joint Owner Signature - if applicable

Date of Signature

Witness Signature

Date of Signature

FOR HOME OFFICE USE ONLY
AMERICAN NATIONAL INSURANCE COMPANY HAS RECORDED THE CHANGE REQUESTED
DATED ON _____ BY _____
EFFECTIVE DATE REGISTRAR