



IRA/TSA Required Minimum Distribution Election Form

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

page 1 of 1

Mailing Address: PO Box 696763, San Antonio, TX 78269-6763
Phone Number: 1-800-252-9546 Fax Number: (409) 766-2022



Use this form to authorize American National Insurance Company to automatically pay you an annual withdrawal to satisfy IRS Required Minimum Distribution requirements. If you choose our Automatic Withdrawal Option our automated system will calculate your annual lifetime required amount based on the 2002 Final Regulations. Distributions will be deposited into an account of your choice. A voided check must accompany this form. Distributions will be processed as secure ACH remittances directly into the account of your choice at your financial institution.

1. ANNUITANT INFORMATION

ANNUITANT

POLICY NUMBER

ADDRESS

CITY/STATE/ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH

2. OWNER INFORMATION, IF DIFFERENT FROM ANNUITANT

OWNER

SOCIAL SECURITY NUMBER

ADDRESS

CITY/STATE/ZIP

3. LIFE EXPECTANCY CALCULATION (CHECK A OR B)

- A. SINGLE LIFE EXPECTANCY *(Unless you qualify for and would like to elect "B" below, this is the only option available to you.) This indicates that the RMD is based only upon the contract owner's life factor and will be calculated using the Uniform Lifetime Table as permitted by the IRS.*
- B. JOINT LIFE EXPECTANCY - Recalculated annually *(This option is only available if your spouse is your sole primary beneficiary and is more than 10 years younger than you.)*

NAME OF SPOUSE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

4. DISTRIBUTION PAYMENT INSTRUCTIONS

WOULD YOU LIKE TO PARTICIPATE IN OUR AUTOMATED REQUIRED DISTRIBUTION PROGRAM?

- A. YES. Please automatically re-calculate and send my distribution each year.
- B. NO. I only want to take this year's required distribution.
- C. NO. I wish to satisfy my RMD from other source.

If you selected option A or B, please indicate the start date and frequency for which you would like to receive your distribution payments. If no frequency is selected, the default will be Annual.

Start Date: _____ (Month) _____ (Day) _____ (Year)

Frequency: Annual Semi-Annual Quarterly Monthly

5. WITHHOLDING INSTRUCTIONS - If election is not made, we will withhold a mandatory 10%.

- 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 10% Federal Income Tax withheld from the taxable amount of the distribution. (You may also designate an additional amount below.)
- I want the following additional percentage withheld from the distribution _____ % + 10 % = _____ %
- I want the following percentage withheld for state withholding _____%. (If applicable)

I authorize American National Insurance Company to calculate and distribute my Required Minimum Distribution to me per my election above.

OWNER

DATE