



American National Life Insurance Company of New York

Application for Individual Annuity
American National Life Insurance Company of New York

page 1 of 6

Administrative Address:
One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163



AGENT INSTRUCTIONS:

- This application is to be used for the Palladium® Immediate Annuity-NY.
- A signed copy of the product disclosure form given to the owner must be submitted with the application.

1. ANNUITANT

Name: Last _____ First _____ M.I. _____ Gender M F U.S. Citizen Yes No

Date of birth _____ Age _____ SSN TIN _____ Daytime telephone _____

Address _____ City _____ State _____ ZIP _____

2. OWNER (If other than Annuitant.)

Name: Last _____ First _____ M.I. _____ Gender M F U.S. Citizen 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. If a trust is named as Owner, provide date trust was created. Month _____ Day _____ Year _____

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 Joint Owner, copy of Trust Agreement or Corporate Resolution must be provided. If a trust is named as Joint Owner, provide date trust was created. Month _____ Day _____ Year _____

4. PAYEE

Name: Last _____ First _____ M.I. _____ Gender M F U.S. Citizen Yes No

Date of birth _____ Age _____ SSN TIN EIN _____ Daytime telephone _____

Address _____ City _____ State _____ ZIP _____



5. 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 _____
 Yes No
 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 _____
 Yes No
 Address _____ City _____ State _____ ZIP _____

Note: If a trust is named as beneficiary, provide date trust was created. Month _____ Day _____ Year _____

6. ANNUITY PLAN SELECTIONS

I am applying for the Palladium® Immediate Annuity-NY, a Single Premium Fixed Immediate Annuity

7. ANNUITY BENEFIT PLAN OPTIONS – Complete a W-4P for withholdings.

SINGLE LIFE

WITH COST OF LIVING ADJUSTMENT?

- Installment Refund (Life Contingent)..... Cost of Living Adjustment Not Available
- Cash Refund (Life Contingent) Cost Of Living Adjustment Not Available
- Life Only (Life Contingent) Yes No
- _____ Years Period Certain and Life (Life Contingent)..... Yes No

Please select a period between 5 and 20 years for the Period Certain and fill in the appropriate space above.

NON-LIFE CONTINGENT

WITH COST OF LIVING ADJUSTMENT?

- Period Certain Only (Non-Life Contingent)..... Yes No

This is a fixed amount option.

Please indicate the amount of the first annuity benefit payment: \$ _____

- _____ Years Period Certain Only (Non-Life Contingent) Yes No

Please select a period between 5 and 30 years for the Period Certain and fill in the appropriate space above.



JOINT LIFE

Joint Annuitant Name: | _____ SSN TIN | _____

Gender Male Female Date of Birth: | _____ U.S. Citizen Yes No

NOTE: The Annuitant listed in Section 1 will be considered the Primary Annuitant. The Annuitant listed in this section will be considered the Secondary Annuitant. For Joint Life with Surviving Spouse options, payments under the Joint Life Annuity Benefit Plan will be reduced to the specified percentage only upon the death of the Primary Annuitant. For Joint Life with Survivor Annuity Benefit Plans, payments will be reduced to the specified percentage upon the death of either Annuitant.

- Joint Life with _____% payable to Survivor (Life Contingent)
Please select one of the following percentages and fill in the appropriate space above: 50%, 60%, 66.67%, 75%, 100%
- Joint Life with _____ Period Certain and _____% payable to Survivor (Life Contingent)
*Please select a period between 5 and 20 years for the Period Certain and fill in the appropriate space above.
Please select one of the following percentages and fill in the appropriate space above: 50%, 60%, 66.67%, 75%, 100%*
- Joint Life with _____% payable to Spouse (Life Contingent)
Please select one of the following percentages and fill in the appropriate space above: 50%, 60%, 66.67%, 75%, 100%
- Joint Life with _____ Period Certain and _____% payable to Spouse (Life Contingent)
*Please select a period between 5 and 20 years for the Period Certain and fill in the appropriate space above.
Please select one of the following percentages and fill in the appropriate space above: 50%, 60%, 66.67%, 75%, 100%*

WITH COST OF LIVING ADJUSTMENT? (Available on all Joint Life Plans) Yes No

IF YOU HAVE ELECTED A COST OF LIVING ADJUSTMENT PLEASE COMPLETE THE FOLLOWING:

- a.) Please select an annual increase rate: 1% 2% 3% 4% 5%
- b.) Please select an annual increase method: Simple Compound

ANNUITY BENEFIT PAYMENT FREQUENCY:

Frequency: Monthly Quarterly Semiannual Annual Date Payments to Start: _____

Annuity Benefit Payments will be transmitted to your bank account via EFT (Electronic Fund Transfer). Please attach a voided check with your application.

8. ANNUITY TYPE (If this transaction is a transfer or an exchange, complete the appropriate request form and submit with application.)

- | | | |
|--|--|---|
| <input type="checkbox"/> NON-QUALIFIED | <input type="checkbox"/> QUALIFIED | If Qualified, check the type of plan. |
| <input type="checkbox"/> CASH WITH APPLICATION | <input type="checkbox"/> ROLLOVER | <input type="checkbox"/> IRA <input type="checkbox"/> SEP |
| <input type="checkbox"/> 1035 Exchange | <input type="checkbox"/> TRANSFER | <input type="checkbox"/> Roth IRA |
| | <input type="checkbox"/> CASH WITH APPLICATION | Other _____ |

(ANICONY does not offer SIMPLE IRA's)

Amount paid with application \$ _____ (Check must be payable to American National Life Insurance Company of New York.)

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



9. 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.

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 (if applicable)

Signature of Owner, if other than Annuitant

Signature of Joint Owner, if other than Annuitant

Signature of Agent



American National Life Insurance
Company of New York



Premium Receipt
American National Life Insurance Company of New York
Administrative Address: 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 Life Insurance Company of New York. Do not leave payee blank or make payable to agent.



American National Life Insurance
Company of New York

Disclosure Statement for the Palladium® Immediate Annuity - NY

American National Life Insurance Company of New York
344 Route 9W, Glenmont, NY 12077

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Administrative Address:

One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163
P.O. Box 1890, Galveston, TX 77550

Thank you for applying for the Palladium® Immediate Annuity - NY. We want to make sure that you understand its features and benefits.

This annuity is an individual single premium fixed immediate annuity. This means you as the contract Owner make a single premium payment at the time you apply for the annuity contract; no further premium payments are accepted. It is also an immediate annuity, which means American National Life Insurance Company of New York will begin annuity payments immediately to the Annuitant according to the income period you as Owner select at the time of the application for the annuity contract.

This annuity is intended to provide for income needs, which may be for a short period or as long as the Annuitant's life. The amount of the periodic annuity payments the payee will receive will be based on the type of annuity benefit option you select, the rate in effect at the date of the application for that option and the length of time selected to receive the annuity payments.

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 1-866-490-3163 Fax 281-535-4623.

THE ANNUITY CONTRACT

You can select single life or joint life annuity payment options. You can also choose to include a Cost of Living Adjustment (COLA) on the annuity payment option you select. Please note that a Cost of Living Adjustment is not available on the Life with Cash Refund or Life with Installment Refund options.

For an Annuity Certain (Non-Life Contingent), your Annuity Benefit options are:

- (5-30) Years Period Certain
- Period Certain (Fixed Amount)

For a Single Life Annuity (Life Contingent), your Annuity Benefit options are:

- Life Only
- Life with Period Certain (5-20 years)
- Life with Cash Refund (COLA not available)
- Life with Installment Refund (COLA not available)

For a Joint Life Annuity (Life Contingent), your Annuity Benefit options are:

- Joint with % payable to Survivor
- Joint with Period Certain (5-20 years) and 50%, 60%, 66.7%, 75%, or 100% payable to Survivor
- Joint with % payable to Spouse
- Joint with Period Certain (5-20 years) and 50%, 60%, 66.7%, 75%, or 100% payable to Spouse

BENEFITS

How do I get income (annuity payments) from my annuity?

Annuity Payments are paid to the payee named in the annuity contract. Annuity payments will start on the date selected and paid according to the annuity benefit option selected. Annuity payments can be monthly, quarterly, semiannually, or annually.

How does the Cost of Living Adjustment (COLA) affect the annuity payment?

When you choose to include a Cost of Living Adjustment to the annuity benefit option you select for the annuity, you can choose either a Simple Interest COLA ranging from 1-5% or a Compound Interest COLA ranging from 1-5%. The annuity payment will be adjusted by the appropriate COLA percentage each year, according to the COLA option selected. The actual amount of each year's annuity payment, based on the annuity benefit option and payment frequency you select at the time of your application, will appear on the Data Page in the annuity contract.

Continued on reverse side ...

Please retain this page for your records

**Is there a charge to include a Cost of Living Adjustment to an annuity benefit option?**

The amount of the initial annuity payment under an annuity benefit option with a COLA will be less than the annuity payment from an annuity benefit option without a COLA. However, you should consider the value of the annuity payments received over the expected time for the annuity payments, and you may find that the guaranteed increase in annuity payments over that period of time is worth the smaller initial annuity payment.

Can I make any partial surrenders while I am receiving annuity payments?

You can request a surrender after your contract has been in force for three years by sending a written request for a partial surrender and returning your contract to American National Life Insurance Company of New York.

If you elected a non-life contingent annuity benefit plan, you may request a partial surrender for any amount up to the contract's commuted value, reduced by any applicable commutation charge. Subsequent requests for partial surrenders are permitted for non-life contingent annuity benefit plans.

If you elected a life contingent annuity benefit plan, you may request one partial surrender over the lifetime of your contract for an amount up to 10% of the contract's commuted value, reduced by any applicable commutation charge. Subsequent requests for partial surrenders are not permitted for life contingent annuity benefit plans.

All partial surrenders are subject to a \$2,000 minimum, and there is a charge for taking a partial surrender, which is explained in Fees, Expenses and Other Charges. Partial surrenders will reduce subsequent death benefits and annuity payments on a proportional basis. A new data page, reflecting the change in annuity payment amounts, will be provided after any such partial surrender.

Can I surrender my annuity after I start receiving annuity payments?

Full surrender is only available for non-life contingent annuity benefit plans. Full surrenders are not available for life contingent annuity benefit plans. You can fully surrender your contract after it has been in force for three years for its commuted value, reduced by any applicable commutation charge, by sending a written request for a full surrender and returning your contract to American National Life Insurance Company of New York. Upon receipt of your written request, American National Life Insurance Company of New York will provide you a written statement of the amount available for surrender.

Assuming that I am the Annuitant and that I am receiving annuity payments (as the payee), what happens after I die?

This will depend on the payout option you selected:

Period Certain (5-30 years): If you die before the end of the period certain you selected, annuity payments will continue to be made to your beneficiary for the remaining number of years in the period certain.

Life only: Annuity payments will cease on your death. No further benefit will be paid.

Life with Period Certain: If you die before the end of the period certain you selected, annuity payments will be made to your beneficiary for the remaining years in the period certain.

Life with Cash Refund: If you die before the cumulative annuity payments you have received to the date of your death equals the initial premium you paid, the balance will be paid to your beneficiary in a lump sum.

Life with Installment Refund: If you die before the cumulative annuity payments you have received to the date of your death equals the initial premium you paid, annuity payments will continue to your beneficiary until the cumulative annuity payments equals the initial premium.

Joint and Survivor: Periodic annuity benefit payments will be paid as long as the Annuitant and Joint Annuitant both live. Upon the death of either the Annuitant or Joint Annuitant, the annuity benefit payments will reduce to the % you have selected. Upon the death of the last surviving Annuitant, annuity benefit payments will cease.

Joint and Survivor with Period Certain: Periodic annuity benefit payments will be paid during the period certain and will continue at the same amount regardless of whether either or both annuitants are living. After the period certain, if both the Annuitant and Joint Annuitant have died, the contract will terminate and payments will cease. If either the Annuitant or Joint Annuitant have died, the annuity benefit payments will reduce to the % selected and will continue until the death of the last surviving Annuitant, at which time, payments will cease. If both the Annuitant and Joint Annuitant are still living, annuity benefit payments will continue at the full amount until the death of either the Annuitant or Joint Annuitant, at which time, payments will reduce to the % selected and will continue at the reduced amount until the death of the last surviving Annuitant. Upon the death of the last surviving Annuitant, payments will cease.

Continued on next page ...

Please retain this page for your records



Joint with % to Spouse: Annuity benefit payments will continue as long as the primary Annuitant is living. Upon the death of the primary Annuitant, if the Spouse Annuitant is living, the annuity benefit payments will reduce to the selected % and will continue until the death of the Spouse Annuitant, at which time payments will cease. If the Spouse Annuitant is not living, annuity benefit payments will cease.

Joint and Spouse with Period Certain: Annuity benefit payments will be paid during the period certain and will continue at the same amount regardless of whether the primary Annuitant is living. At the end of the period certain:

- 1.) if both the Annuitant and Spouse annuitant have died, payments will cease.
- 2.) if the Annuitant is still living, payments will continue at the same amount until the Annuitant's death. After the Annuitant's death:
 - a.) if the Spouse Annuitant has already died, payments will cease.
 - b.) if the Spouse Annuitant is living, payments will reduce to the selected % and will continue until the death of the Spouse Annuitant, at which time payments will cease.
- 3.) if the Spouse Annuitant is living, payments will reduce to the selected % and will continue until the death of the Spouse Annuitant, at which time payments will cease.

OPTIONAL BENEFIT RIDERS

What other benefits can I choose?

There are no optional benefit riders offered with this annuity.

FEES, EXPENSES & OTHER CHARGES

What happens if I take out some or all of the money from my annuity?

Partial surrenders will reduce subsequent death benefits and annuity payments on a proportional basis. Your annuity benefit will be revised and reflected on a new data page.

The commutation charge is a charge that is applied to the portion of the commuted value surrendered. The commutation charge is determined by the contract year in which the partial surrender or full surrender is processed. The commutation charge reduces the commuted value and determines the amount that will be received. The following schedule lists the commutation charges for each contract year:

Year	1	2	3	4	5	6	7	8	9	10	11+
Partial Surrender/Full Surrender not permitted within first 3 years				8%	7%	6%	5%	4%	3%	2%	0%

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 surrenders from my annuity be taxed?

This will depend on the source of the money you used to pay the single premium for your annuity.

If you purchased the annuity with qualified funds, such as funds from qualified retirement plans, tax-sheltered annuities, or other qualified sources, you would not have paid income tax on the money used to purchase the annuity so the annuity payment you receive will be taxable as income.

If you purchase the annuity with non-qualified funds, meaning the money used for the initial premium did not have any special tax status and would have already been taxed, a portion of the annuity payment you receive will be considered a return of previously taxed principal and excluded from taxation and part will be taxed according to an exclusion ratio, which appears on the illustration for the annuity you purchase.

Consult your tax advisor or tax attorney for your specific circumstances.

Continued on reverse side ...

Please retain this page for your records



OTHER INFORMATION

What else do I need to know?

- We may change your annuity contract from time to time to follow federal or New York state law and regulations. If we do, we'll tell you about the changes in writing, in advance, and ask the Owner to sign a confirmation accepting these changes before making any changes to the annuity contract.
- We pay the agent, broker, or firm for selling the annuity to you.
- New York gives you 30 days to look at an annuity after you buy it. If you decide during that time you don't want it, you can return the annuity and get all your money back. Read your contract to learn about your Notice of 30 Day Right to Cancel Contract.

This Disclosure Statement is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. Contact your agent or American National Life Insurance Company of New York with any questions.

Continued on next page ...

Please retain this page for your records



American National Life Insurance
Company of New York

Disclosure Statement for the Palladium® Immediate Annuity - NY

American National Life Insurance Company of New York
344 Route 9Q, Glenmont, NY 12077

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Administrative Address:
One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163
P.O. Box 1890, Galveston, TX 77550

Owner/Annuitant's Statement

I confirm that:

- I am purchasing the Palladium® Immediate Annuity - NY from American National Life Insurance Company of New York
- I have read the Palladium® Immediate Annuity - NY Brochure
- I have read the Palladium® Immediate Annuity - NY Disclosure Statement and have kept a copy

Name of Annuitant _____

Signature of Owner _____ Date _____

Signature of Joint Owner _____ Date _____

For the agent:

- I certify receipt of \$ _____ given to purchase a Palladium® Immediate Annuity - NY contract.
- 1035 Exchange
- Transfer of Funds

I certify that the product brochure and disclosure material has been presented and explained to the Annuitant/Owner and a copy provided to the Annuitant/Owner. I have not made any 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)

Information provided is not intended to be legal or tax advice. You should consult with your attorney or tax advisor for your specific circumstances.

This Disclosure is intended to be used with Form ANY-NSPA

Not FDIC/NCUA insured | Not a deposit | Not insured by any federal government agency | No bank/CU guarantee | May lose value

White - Admin. Office Copy

Pink - Client Copy

Yellow - Agent Copy



American National Life Insurance Company of New York

Fixed Annuity Suitability Analysis Form

American National Life Insurance Company of New York
344 Route 9W, Glenmont, NY 12077

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Administrative Address:
One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163



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.

A Personal Information To be completed with your agent to determine if the proposed fixed annuity purchase meets your financial needs and objectives.

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

1. (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: _____

2. (Risk Tolerance) In considering this product, what is your risk tolerance?
 Conservative (Low Risk) Moderately Conservative Moderate Moderately Aggressive Aggressive (High Risk)

3. 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

4. Source of Income (Check all that apply)
 Salary (W-2) Investments Social Security Pension Plans Reverse Mortgage Other _____

5. What type of investments and insurance products do you own?
 Mutual Funds Stocks Bonds CDs
 Savings Accounts Life Insurance 401(k) Plans Annuities Other _____

6. What type of life insurance or other annuities do you own? _____

7. 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

8. 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

9. (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 _____



10. 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.
11. (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. _____
12. (Tax Status) What is your Federal Income Tax Bracket: 15% 28% 33% 38%
13. 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 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 fixed annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. To the best of my knowledge and belief, 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. To the best of my knowledge and belief, 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 _____



American National Life Insurance Company of New York

Qualified Transfer or Rollover Request
American National Life Insurance Company of New York

page 1 of 3

Administrative Address:
One Moody Plaza, Galveston, TX 77550-7999 Business: (866) 490-3163
PO Box 1890, Galveston, TX 77553-1890



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: _____

ANNUITANT 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 Life Insurance Company of New York

Immediately Upon Maturity ____ / ____ / ____

3. COMPLETE THIS SECTION FOR TRANSFER REQUESTS:

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

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

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

Individual Retirement Account or Annuity (IRC Section 408)

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
- Qualified Employer Plan (IRC Section 401)
- ROTH IRA

into an

- Individual Retirement Annuity (IRC Section 408)
- Governmental 457 Deferred Compensation Plan
- 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 LIFE INSURANCE COMPANY OF NEW YORK

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

American National Life Insurance Company of New York
P O Box 1890
Galveston Tx 77553-1890
1-866-490-3163

If shipping via overnight service:
American National Life Insurance Company of New York
New York Unit - 7th Floor
One Moody Plaza
Galveston Tx 77550

PLEASE MAKE CHECK PAYABLE TO: AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

By _____ Date _____
(Signature/Title)

**DEFINITIONS**

QUALIFIED RETIREMENT PLANS – Tax-qualified retirement plans may include pension, profit-sharing plan, 401(k), 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.



American National Life Insurance Company of New York

Non-Qualified 1035 Exchange Request

American National Life Insurance Company of New York
344 Route 9W, Glenmont, NY 12077

page 1 of 2

Administrative Address:
One Moody Plaza, Galveston, TX 77550-7999 Business: (866) 490-3163
PO Box 1890, Galveston, TX 77553-1890



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 SINGLE PREMIUM IMMEDIATE ANNUITIES

2. TYPE OF TRANSACTION:

I/We direct the Institution named above to liquidate and transfer the assets to American National Life Insurance Company of New York 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 Life Insurance Company of New York 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 Life Insurance Company of New York 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 Life Insurance Company of New York for such policy/contract.

Assignor and American National Life Insurance Company of New York 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 Life Insurance Company of New York 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 Life Insurance Company of New York 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 Life Insurance Company of New York 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 Life Insurance Company of New York is participating in this transaction at my specific request and as an accommodation to me; (2) American National Life Insurance Company of New York and its representatives make no representation concerning treatment under IRC Section 1035(a) or otherwise; (3) American National Life Insurance Company of New York 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 contract may be subject to surrender charges.

I/We authorize the transaction described above.

For the benefit of: _____

Dated at _____ this _____ day of _____, _____
(City, State)

Owner _____ Witness _____

Joint Owner _____ Witness _____

Annuitant _____

Agent _____

Guarantee (if required) _____

6. ACCEPTANCE: *TO BE COMPLETED BY American National Life Insurance Company of New York*

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 our Administrative Offices at:

American National Life Insurance Company of New York
P O Box 1890
Galveston Tx 77553-1890
1-866-490-3163

If shipping via overnight service:
American National Life Insurance Company of New York
New York Unit - 7th Floor
One Moody Plaza
Galveston Tx 77550

PLEASE MAKE CHECK PAYABLE TO: American National Life Insurance Company of New York

By _____ Date _____
(Signature/Title)

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



American National Life Insurance
Company of New York

Appendix 11

American National Life Insurance Company of New York
344 Route 9W, Glenmont, NY 12077

page 1 of 2

Administrative Address:

One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163



DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
YES _____ NO _____
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES _____ NO _____
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES _____ NO _____
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
YES _____ NO _____
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES _____ NO _____
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES _____ NO _____



IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE SIGNATURE OF APPLICANT PRINTED NAME

DATE SIGNATURE OF APPLICANT PRINTED NAME

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:
YES _____ NO _____

DATE SIGNATURE OF AGENT OR BROKER PRINTED NAME