



**Mailing Address** Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



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**Before Completing an Annuity Application**

- ✓ Ensure all appointment paperwork is complete according to state regulations
- ✓ Complete the two required forms of AML training
- ✓ Complete all State Mandated Continuing Education
- ✓ Complete American National's Annuity New York Product Training Course

► **NOTE: Training completion is required PRIOR to signing an application**

**Completing the Annuity Application**

Required Forms	Palladium MYG NY	ANICO Strategy PLUS 7 & 10 NY	WealthQuest Citadel 5 & 7 NY	Century Plus NY	Palladium Immediate Annuity NY
<b>Annuity Application</b>	✓ (Form Series ANY-11059-FD)	✓ (Form Series ANY-11059-EIA)	✓ (Form Series ANY-11059-FD)	✓ (Form Series ANY-11059-FD)	✓ (Form Series ANY-11059-SPIA)
<b>Product Disclosure</b>	✓ (Form Series ANY-4888)	✓ (Form Series ANY-10635 or ANY-10636)	✓ (Form Series ANY-11601 or ANY-11602)	✓ (Form Series ANY-11012)	✓ (Form Series ANY-10275)
<b>Annuity Suitability &amp; USA Patriot Act Form (Form ANY-4465)</b>	✓	✓	✓	✓	✓
<b>Definition of Replacement (Form ANY-112)</b>	✓	✓	✓	✓	✓
<b>Equity Indexed Annuity Disclosure (Form ANY-208)</b>		✓			
<b>Withholding Certificate for Annuity Payments (Form W4-P)</b>					✓
<b>Regulation 60 Packet (Form ANY-25-IM)</b>	<b>Required:</b> If application is a replacement				
<b>Non-Qualified 1035 Exchange Request (Form ANY-4394-NQ)</b>	<b>Required:</b> If funding is coming from a non-qualified source				
<b>Qualified Transfer or Rollover Request (Form ANY-4394-Q)</b>	<b>Required:</b> If funding is coming from a qualified source				

► **NOTE: Additional forms may be required depending on your client's financial needs**

**Submitting the Application and Follow Up**

- Electronically scan the full application using ExpertScan in the agent portal and receive a policy number instantly
- The application can be mailed to the address located on the top of this form
- Applications are reviewed for good order typically within 48 - 72 hours of receipt by the Home Office
- Track the application status and review any pending requirements in the Policy Inquiry portal



**Application for Individual Fixed Deferred Annuity—NY**  
**American National Life Insurance Company of New York**

**Mailing Address** Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



**1 Owner** If IRA or TSA, the owner and annuitant must be the same person.

**Type of Ownership**  Individual  Trust  Custodian  Corporation  Pension Plan  Charity

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last or Non-Natural Entity Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Trust Date \_\_\_\_\_  SSN  ITIN  EIN  
 Resident Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (  Same as Resident Address ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Gender:  M  F  
 U.S. Citizen:  Yes  No

**▶ NOTE:**

- If a trust, corporation, or charity is named as owner, copy of trust agreement or corporate resolution must be provided.
- If Inherited IRA, the owner's name must be in the following format: Deceased IRA Holder Name For Benefit Of Living Beneficiary Name. Inherited IRA is only allowed for spouse beneficiary.
- The number shown in this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me.)
- A non-spousal Inherited IRA is only permitted if the Original IRA Owner's date of death was prior to January 1, 2020.

**2 Joint Owner** Not available with qualified plans.

Relationship to Owner: \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last or Non-Natural Entity Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Trust Date \_\_\_\_\_  SSN  ITIN  EIN  
 Resident Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (  Same as Resident Address ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Gender:  M  F  
 U.S. Citizen:  Yes  No

**▶ NOTE:** If a trust, corporation, or charity is named as owner, copy of trust agreement or corporate resolution must be provided.

**3 Annuitant** Complete if different than owner. If IRA or TSA, the owner and annuitant must be the same person.

First Name	M.I.	Last Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	<input type="checkbox"/> SSN	<input type="checkbox"/> ITIN		
Resident Address	City		State	ZIP
Mailing Address ( <input type="checkbox"/> Same as Resident Address)	City		State	ZIP
Email Address	Telephone			

**4 Beneficiary Designation**  
 A Date of Birth or SSN is required for each beneficiary. Complete Additional Beneficiary Page if additional space is needed. Unless otherwise specified, all beneficiaries in the same class will share equally. Allocations must total up to 100% and must be indicated in whole percentages.

<input type="checkbox"/> Primary	Percent Payable <input type="text"/> %	Relationship to Owner:	
First Name	M.I.	Last Name or Non-Natural Entity Name	
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	
Resident Address	City		State ZIP
Telephone			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent Payable <input type="text"/> %	Relationship to Owner:	
First Name	M.I.	Last Name or Non-Natural Entity Name	
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	
Resident Address	City		State ZIP
Telephone			

**5 Plan Type**

<p><input checked="" type="checkbox"/> <b>Qualified</b> If qualified, check the type of plan applied for. (Simple IRA's not available.) Inherited IRA is only allowed for spouse beneficiary.</p>	<p><input type="checkbox"/> <b>Non-Qualified</b></p>
<p><b>Annuity Type</b></p> <p><input type="checkbox"/> IRA <input type="checkbox"/> SEP</p> <p><input type="checkbox"/> Roth IRA <input type="checkbox"/> TSA-403b <input type="checkbox"/> Inherited IRA</p> <p><input type="checkbox"/> Other _____</p>	

**6 Premium Payment**

**If Qualified:**

**Funding Option**  
 Contribution Tax Year \_\_\_\_\_  
 Rollover  
 Transfer

**If Non-Qualified:**

**Funding Option**  
 Cash with Application  
 1035 Exchange  
 Non-1035 Exchange

**If Cash with Application or Qualified Contribution**

Amount: \$ \_\_\_\_\_

► **NOTE: Check must be payable to American National Life Insurance Company of New York. If purchasing a flexible annuity and you plan to use EFT for subsequent premiums, please include a check in the amount of the initial premium and complete Section 7.**

**If Rollover / Transfer / 1035 Exchange / Non-1035 Exchange**

Rollover Amount: \$ \_\_\_\_\_ Transfer Amount: \$ \_\_\_\_\_  
 1035 Exchange Amount: \$ \_\_\_\_\_ Non-1035 Exchange: \$ \_\_\_\_\_

**Total Expected Premium**

Amount: \$ \_\_\_\_\_

**7 Flexible Annuity Products - Billing Data**

**Mode:**  Annual  Semiannual  Quarterly  Monthly Amount: \$ \_\_\_\_\_  
**Method:**  Direct  EFT (Attach Voided Check)  Salary Deduction\*

► **NOTE: EFT is not available for initial premium, only subsequent premiums are drafted. The minimum EFT amount is \$100.**

\*Complete for Salary Deduction selection:

Franchise Name: \_\_\_\_\_ Franchise Number: \_\_\_\_\_

**8 Premium Payor** Complete if different than owner.

First Name _____	M.I. _____	Last Name or Non-Natural Entity Name _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth _____	Trust Date _____	<input type="checkbox"/> SSN	<input type="checkbox"/> ITIN <input type="checkbox"/> EIN	
Mailing Address _____		City _____		State _____ ZIP _____
Email Address _____		Telephone _____		

## 9 Product Selection

### Fixed Deferred Annuity

Please select the plan applied for below:

- Palladium® MYG 3
- Palladium® MYG 5
- Palladium® MYG 6
- Palladium® MYG 7
- Palladium® MYG 10
- Century Plus Annuity
- WealthQuest® Citadel 5 Diamond Annuity
- WealthQuest® Citadel 7 Diamond Annuity

## 10 Annuity Plan Disclosures

### Palladium® MYG

This annuity is an individual single premium fixed deferred annuity with a multiple year interest rate guarantee. This annuity will earn interest at the declared accumulation interest rate for the interest rate guarantee period selected above. This annuity has a 10-year surrender charge schedule.

Following the interest rate guarantee period, we will credit interest at a rate determined by us annually on each contract anniversary. 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.

This annuity will earn an interest rate enhancement of 1% during the first contract year. The interest rate enhancement is only available with the 5, 7, or 10 year interest rate guarantee periods. There are no charges or fees associated with the interest rate enhancement, however the value of the interest rate enhancement is recovered through lower renewal interest rates. We do not currently offer versions of the MYG 5, 7, or 10 without the interest rate enhancement. It is important to note that the cumulative rate of return on this product may or may not exceed the cumulative rate of return on a similar product which does not contain an interest rate enhancement.

Additionally, as long as the declared interest rate, without any interest rate enhancement, is greater than the minimum guaranteed interest rate, we will credit additional interest of 0.10% per year for contracts with a premium of \$100,000 or greater.

### Century Plus Annuity

This annuity is an individual single premium fixed deferred annuity. The initial premium payment will earn interest at the declared accumulation interest rate (interest rate) for 1 year following the date we receive your initial premium payment. This annuity has a 10-year surrender charge schedule.

Following the first contract year, we will credit interest at a rate determined by us annually on each contract anniversary. Interest rates declared after the first contract year 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.

This annuity will earn an interest rate enhancement of 5% during the first contract year. There are no charges or fees associated with the interest rate enhancement, however the value of the interest rate enhancement is recovered through lower renewal interest rates. We do not currently offer a version of this product without an interest rate enhancement. It is important to note that the cumulative rate of return on this product may or may not exceed the cumulative rate of return on a similar product which does not contain an interest rate enhancement.

Additionally, as long as the declared interest rate, without any interest rate enhancement, is greater than the minimum guaranteed interest rate, we will credit additional interest of 0.10% per year for contracts with an initial premium of \$100,000 or greater.

**Annuity Plan Disclosures (continued)****WealthQuest® Citadel 5 Diamond Annuity**

This annuity is an individual fixed deferred annuity with premium payments allowed during the first year only. The initial premium payment will earn interest at the declared accumulation interest rate (interest rate) for 2 years following the date we receive your initial premium payment. Each subsequent premium payment we receive during the first year will earn interest at the then declared interest rate for a 2 year period following the date of receipt. This annuity has a 5-year surrender charge schedule.

Your initial premium payment and any subsequent premium payments during the first contract year will earn a 1% interest rate enhancement for a period of one year. There are no charges or fees associated with the interest rate enhancement, however the value of the interest rate enhancement is recovered through lower renewal interest rates. We do not currently offer a version of this product without an interest rate enhancement. It is important to note that the cumulative rate of return on this product may or may not exceed the cumulative rate of return on a similar product which does not contain an interest rate enhancement.

Additionally, as long as the declared interest rate, without any interest rate enhancement, is greater than the minimum guaranteed interest rate, we will credit additional interest of 0.10% per year for contracts with an initial premium of \$100,000 or greater.

Following the initial 2 year interest crediting period for any premium payment, we will credit interest at a rate determined by us, annually, prior to the anniversary of the premium payment. Declared interest rates will never be less than the minimum guaranteed interest rate specified in your contract.

**WealthQuest® Citadel 7 Diamond Annuity**

This annuity is an individual flexible premium fixed deferred annuity. This means that you may make additional premium payments to your contract at any time. The initial premium payment will earn interest at the declared accumulation interest rate (interest rate) for 2 years following the date we receive your initial premium payment. Each subsequent premium payment will earn interest at the then declared interest rate for a 2 year period following the date of receipt. This annuity has a 7-year surrender charge schedule.

Any premium paid during the first 3 contract years will earn a 2% interest rate enhancement for a period of one year. Premium payments received after the first 3 contract years will not receive an interest rate enhancement. There are no charges or fees associated with the interest rate enhancement, however the value of the interest rate enhancement is recovered through lower renewal interest rates. We do not currently offer a version of this product without an interest rate enhancement. It is important to note that the cumulative rate of return on this product may or may not exceed the cumulative rate of return on a similar product which does not contain an interest rate enhancement.

Additionally, as long as the declared interest rate, without any interest rate enhancement, is greater than the minimum guaranteed interest rate, we will credit additional interest of 0.10% per year for contracts with an initial premium of \$100,000 or greater.

Following the initial 2 year interest crediting period for any premium payment, we will credit interest at a rate determined by us, annually, prior to the anniversary of the premium payment. Declared interest rates will never be less than the minimum guaranteed interest rate specified in your contract.

**11 Total Insurance / Annuities In Force On Owner**

- Yes  No Do you have existing life insurance or annuity coverage with this or any other company?
- Yes  No Is the annuity applied for intended to replace, change, or use cash values of any existing life insurance or annuity contract in force with this or any other company?

**If Yes, producer must provide and complete the appropriate replacement form.**

**12 Application Agreements**

**By signing this application I agree to the following statements and assurances:**

- All statements made by, or by the authority of the applicant for the issuance of an annuity contract are deemed representations and not warranties.
- This entire application will be attached to and made part of any contract issued by American National Life Insurance Company of New York.
- I have read the application and all statements and answers as they pertain to me and such statements and answers are true and complete to the best of my knowledge and belief.
- The statements and answers in this application are the basis for any contract issued by American National Life Insurance Company of New York and no information about any person in the application will be considered to have been given to American National Life Insurance Company of New York unless it is stated in the application.
- I understand that the producer does not have American National Life Insurance Company of New York's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of this application or the contract.
- American National Life Insurance Company of New York will have no liability until:
  - A contract is issued; and
  - The first premium due is paid in full while each proposed owner and annuitant is alive.
- I understand that federal law requires sufficient information to identify the parties to the purchase of an annuity, and that failure to provide such information could result in the annuity contract not being issued, delayed, unprocessed transaction requests, or termination.

\_\_\_\_\_  
**Date:** Month / Day / Year

\_\_\_\_\_  
**Signed in** (State)

X \_\_\_\_\_  
**Signature of Annuitant**

X \_\_\_\_\_  
**Signature of Owner** (if other than Annuitant)

X \_\_\_\_\_  
**Signature of Joint Owner/Trustee/Partner**

X \_\_\_\_\_  
**Signature of Producer**



**Producer's Report**  
**American National Life Insurance Company of New York**

NF

**Mailing Address** Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



**1 Producer's Report**

► **NOTE: These questions must be answered in every case:**

- Yes  No Does the owner have existing life insurance or annuity coverage with this or any other company?
- Yes  No As Producer, do you have knowledge or reason to believe that the annuity applied for replace, change, or use cash values of any existing life insurance or annuity contract in force with this or any other company? If Yes, Producer must provide and complete the appropriate replacement form.
- Yes  No **Do you have an appointment in progress or hierarchy change submitted?**

\_\_\_\_\_ x \_\_\_\_\_  
**Print Producer's Name** **Producer's Signature** **Producer PC Number, SSN, or TIN**

\_\_\_\_\_ \_\_\_\_\_  
 Telephone Number Email Address

**Producers Commission Split**  
 List Name and Personal Code of all Producers, besides yourself, entitled to any commission with appropriate percentage.

\_\_\_\_\_ %  
 Print Producer's Name Personal Code

\_\_\_\_\_ %  
 Print Producer's Name Personal Code





# Annuity Best Interest—Suitability Questionnaire / USA PATRIOT Act Form

American National Life Insurance Company of New York

NF

**Mailing Address** P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



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This form is intended to gather your financial information and long-term goals to help your insurance agent form a reasonable belief whether the sale of an annuity is suitable and in your best interest. We will protect and keep your information confidential. For additional guidance, your insurance agent can refer to the Producer's Guide for this form.

## 1 Owner Information

If a Trust will be the owner, complete this form using the Trust's financial information. You may include the financial information of the grantor, if living.

Any additional information that provides a more complete understanding of the suitability of a trust arrangement should be included in written form on page 4. All trust documentation must accompany this form.

Full Name of Owner/Grantor/Partner _____	Age _____	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Number of Dependents _____	Ages of Dependents _____	
Joint Owner/Grantor/Partner (if applicable) _____	Age _____	Relationship to Owner _____

## 2 Financial Profile

If joint owners are spousal please provide the household financial information below. If joint owners are not spouses, complete a separate Annuity Suitability Form for each person.

- Have you had experience with any of the following investments and insurance products? If Yes, how long?
 

<input type="checkbox"/> Mutual Funds _____ # of yrs.	<input type="checkbox"/> 401(k) Plans _____ # of yrs.	<input type="checkbox"/> Stocks _____ # of yrs.
<input type="checkbox"/> Bonds _____ # of yrs.	<input type="checkbox"/> CDs _____ # of yrs.	<input type="checkbox"/> Savings Accounts _____ # of yrs.
<input type="checkbox"/> Life Insurance _____ # of yrs.	<input type="checkbox"/> Annuities _____ # of yrs.	<input type="checkbox"/> Other _____ # of yrs.
- In considering this product, what is your risk tolerance?
 

<input type="checkbox"/> Conservative (Low Risk)	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Aggressive
<input type="checkbox"/> Aggressive (High Risk)			
- Annual Gross Income \$ \_\_\_\_\_
- Source of Income (Check all that apply)
 

<input type="checkbox"/> Salary (W-2)	<input type="checkbox"/> Investments	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension Plans	<input type="checkbox"/> Reverse Mortgage
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Other _____				
- What type of investments and insurance products do you currently own?
 

<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Stocks	<input type="checkbox"/> Bonds	<input type="checkbox"/> CDs	<input type="checkbox"/> Savings Accounts	<input type="checkbox"/> 401(k) Plans	<input type="checkbox"/> Fixed Annuities
<input type="checkbox"/> Term Life	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Variable Annuities	<input type="checkbox"/> Variable Life Insurance			
<input type="checkbox"/> Equity Indexed Life Insurance <input type="checkbox"/> Equity Indexed Annuities <input type="checkbox"/> Other _____						

**2 Financial Profile** (Continued)

- 6.** Liquid Net Worth, prior to the annuity purchase you're considering, **(These are assets that can be easily converted to cash without incurring penalty charges. Do not include funds from a reverse mortgage.)**

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

- 7.** If you purchase an annuity, will your income and liquid net worth be enough to pay for your living expenses, considering your existing liabilities and obligations for their duration, medical expenses and emergencies?

Yes  No

- 8.** If you were to purchase an annuity, how many months of living expenses can your Liquid Net Worth cover?

1 – 3 months  4 – 6 months  7 – 12 months  13+ months

**► NOTE:** 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.

- 9.** What is your estimated Federal Income Tax Bracket?

10%  12%  22%  24%  32%  35%  37%

- 10.** Have you taken or do you intend to take a reverse mortgage in the next 12 months on your personal residence?

Yes  No

- 11.** Are you currently living in or are you planning on living in an Assisted Living Facility within the next 3 years?

Yes  No Please explain \_\_\_\_\_

- 12.** Are you currently living in or are you planning on living in a nursing home within the next 3 years?

Yes  No Please explain \_\_\_\_\_

- 13.** Why are you considering the purchase of an annuity? (Check all that apply)

Immediate Income  Stable Growth  Tax Deferral  Estate Planning  Death Benefit

Safety of Principal  Retirement  Potential to earn higher interest related to a market index

Option for lifetime income  Post Purchase Liquidity  Other \_\_\_\_\_

**3 Transaction Information**

If this transaction is a Single Premium Immediate Annuity, do not answer questions 14a or b.

- 14. a)** Do you intend to take distributions prior to attaining age 59 ½?  Yes  No

If Yes, please explain what exception you will rely upon to avoid the 10% federal tax penalty.

\_\_\_\_\_

- b)** Do you intend to take withdrawals before the end of the surrender charge period?  Yes  No

If Yes, do you intend to withdraw more than 10% of the annuity value per year?  Yes  No

**(If Yes, use the additional space provided in question 16p to explain your answer.)**

- 15.** What source of funds will you use if you buy an annuity? (Check all that apply)

Savings Account  Money Market  Bank CD  Stocks/Bonds/Mutual Funds  Home Equity Loan

Reverse Mortgage  Annuity  Life Insurance  Retirement  Gift from \_\_\_\_\_

Other (please list) \_\_\_\_\_

- a)** Will any potential charges or penalties be incurred by using the above funds?  Yes  No

Amount \$ \_\_\_\_\_

- b)** Is the person writing the check other than the proposed owner of the annuity?  Yes  No

Please explain \_\_\_\_\_

- c)** Is the source of funds from a previously owned life insurance policy or annuity contract?  Yes  No

Please explain \_\_\_\_\_

### 4 Exchanges / Replacements

In the case of an exchange or replacement the insurance agent must have reasonable grounds to believe that the transaction is suitable taking into consideration the information provided in response to the questions below.

**16.** Will the annuity be funded by an Exchange or Replacement?

Yes  No **(If Yes, please complete 16a through 16p.)**

Excluding this proposed transaction, have you exchanged an annuity within the last 36 months?

Yes  No

**If Yes, please give this information:**

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

Product Type (e.g. variable, fixed) \_\_\_\_\_

		Replaced	Proposed
<b>a.</b>	Is there a surrender charge? If Yes, list the current dollar amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Not Applicable
<b>b.</b>	What is the remaining Surrender Charge Period?	_____ Yrs.	_____ Yrs.
<b>c.</b>	Is the replaced/proposed contract qualified or non-qualified?	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
<b>d.</b>	Is there a Premium Enhancement (Interest Rate Enhancement) or Bonus? If Yes, provide the amount or percentage and how long you will receive this enhancement.	\$ or % For Yrs <input type="checkbox"/> No <input type="checkbox"/> Yes _____	\$ or % For Yrs <input type="checkbox"/> No <input type="checkbox"/> Yes _____
<b>e.</b>	Is there a Premium Enhancement or Bonus Recapture Charge? In other words, will the premium enhancement or bonus be forfeited?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
<b>f.</b>	Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	No
<b>g.</b>	If there is a Market Value Adjustment (MVA), then what is the amount and is it positive or negative?	(Pos.) \$ _____ (Neg.) \$ _____	Not Applicable
<b>h.</b>	What is the Minimum Guaranteed Interest Rate over the life of the contract? (i.e. required by state law and in the contract)	_____ %	_____ %
<b>i.</b>	If replacing a fixed product to another fixed product, what is the current base fixed interest rate? (exclude any enhancements)	<input type="checkbox"/> N/A _____ %	<input type="checkbox"/> N/A _____ %
<b>j.</b>	If replacing a fixed or equity indexed product to an equity indexed product what is the base fixed interest rate?	<input type="checkbox"/> N/A _____ %	0%
<b>k.</b>	Is there an Annual Surrender Charge Free Withdrawal Privilege? —Year available for proposed contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ % <input type="checkbox"/> Yr.1 <input type="checkbox"/> Yr.2
<b>l.</b>	Is there a Confinement Waiver Benefit? If Yes, what is the age limitation for the benefit on the annuity?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age
<b>m.</b>	Is there a Terminal Illness Waiver/Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>n.</b>	Are there any Rider Benefits being replaced and applied for? If Yes, please list type of rider benefits in the additional space on page 4.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>o.</b>	What is the total amount of fees associated with the Rider Benefits? (Percentages Not Accepted. If there are no fees, please respond N/A or 0.)	\$ _____	\$ _____



**5 Recommendation Summary, Acknowledgement and Signatures**

**▶ NOTE TO INSURANCE AGENT:**

You must maintain all documentation regarding this transaction as required by New York law. If any information is missing or changed on this form, the consumer must initial and date all changes or updates.

**Recommendation Summary**

I acknowledge that I have made a reasonable effort to obtain suitability information for the applicant as required by law. The compensation that I will receive for this sale did not influence the recommendation. I am recommending the purchase of \_\_\_\_\_

**(Name of Specific Annuity)**

If this is a replacement, I am conditionally recommending the product specified above, subject to my confirmation of favorable comparative data contained in the required replacement Regulation 60 Disclosure Statement.

I believe it is suitable and in the best interest of the applicant based on:

- The applicant's suitability information contained in this form;
- The product information and disclosure in the annuity disclosure form given to the applicant;
- The following needs and suitability considerations expressed by the applicant:
  - Safety of Principal     Stable Growth     Tax Deferral     Immediate Income     Risk Tolerance
  - Death Benefit     Retirement     Favorable Replacement Evaluation     Estate Planning
  - Potential for Higher Interest Related to a Market Index     Guaranteed Lifetime Income if Annuitized
  - Post Purchase Liquidity
  - Other (please list) \_\_\_\_\_

\_\_\_\_\_  
**Print Name**

x \_\_\_\_\_  
**Signature of Insurance Agent**

\_\_\_\_\_  
**Date:** Month / Day / Year

**Additional Insurance Agent's Recommendation Confirmation** (if commission split)

If commissions are being split both agents are subject to the requirements of NY Rule 187. We require both agents to acknowledge that the transaction is suitable and in the best interest of the consumer. I acknowledge and agree that the recommendation is suitable and in the best interest of the consumer; and further I agree with the recommendation summary above.

\_\_\_\_\_  
**Print Name**

x \_\_\_\_\_  
**Signature of Additional Insurance Agent**

\_\_\_\_\_  
**Date:** Month / Day / Year

**Owner/Trustee/Partner**

The information I have provided is true and complete to the best of my knowledge and belief.

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 or commutation schedule; and
- I will lose the existing contractual benefits.

x \_\_\_\_\_  
**Signature of Owner/Trustee/Partner**

x \_\_\_\_\_  
**Signature of Joint Owner/Trustee/Partner** (if applicable)

\_\_\_\_\_  
**Date:** Month / Day / Year

\_\_\_\_\_  
**Date:** Month / Day / Year

**6 USA PATRIOT Act Notice** To be read by or to customer

The USA PATRIOT Act requires that we have an Anti-Money Laundering (AML) Program, notify customers that we verify their identity, and collect documents and information sufficient to provide 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:** we require our insurance agent to review and verify a **current** government issued photo ID for **EACH Owner/Trustee/Partner** associated with a contract. Information on such identification must be record below. If the Owner is a minor or non-legal entity, we must 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.

► **NOTE:** The following information should be recorded exactly as it appears on the identification reviewed. If more than two owners to a contract, submit an additional USA PATRIOT Act Notice.

Name of Owner/Trustee/Partner	Name of Joint Owner/Trustee/Partner (if applicable)
Street Address (Not P.O. Box) _____ City _____ State _____ Zip _____ Date of Birth _____ Number on ID _____ Identification Expiration Date _____ State or Country _____ Form of ID used to verify the identification of the Owner/Trustee/Partner: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID "Green Card" <input type="checkbox"/> Other (describe): _____	Street Address (Not P.O. Box) _____ City _____ State _____ Zip _____ Date of Birth _____ Number on ID _____ Identification Expiration Date _____ State or Country _____ Form of ID used to verify the identification of the Joint Owner/Trustee/Partner: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID "Green Card" <input type="checkbox"/> Other (describe): _____

1. Check the appropriate entity and **submit copies of documentation** indicating the existence of a legitimate business entity (e.g. Articles of Incorporation, Certificate of Limited Partnership, Joint Venture Agreement, or similar document/ agreement governing the formation and operation of the entity).

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Corporation, LLC, Professional Association</b> | <input type="checkbox"/> <b>Limited Partnership</b>          |
| <input type="checkbox"/> <b>General Partnership or Joint Venture</b>       | <input type="checkbox"/> <b>Trust and All Other Entities</b> |

2. Insurance Agent Acknowledgement (check **one**):

- 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 document: \_\_\_\_\_

► **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.

x \_\_\_\_\_  
**Insurance Agent Signature** **Date:** Month / Day / Year



# Insurance Producer Disclosure for Qualified Annuity Sale

American National / One Moody Plaza, Galveston, TX 77550-7947

NF

**Overnight Address** American National Insurance Company, Mail Processing Center,  
Attn: Annuity 10427, 1949 E. Sunshine St., Springfield, MO 65899-0001  
**Mailing Address** PO Box 10427, Springfield, MO 65808-0427 / **Phone** 1-800-252-9546



Page 1 of 3

## 1 Company Selection

- American National Insurance Company
- American National Life Insurance Company of New York

## 2 Producer Information

Producer Name ("I" and "My") \_\_\_\_\_ Producer PC Number \_\_\_\_\_  
 Proposed Owner Name ("You" and "Your") \_\_\_\_\_

This Disclosure and Acknowledgement Form ("Form") provides important information you should know before purchasing an annuity contract issued by American National ("the Company"). This Form describes 1) the relationship between the producer and the Company, 2) the commission the producer will receive if you purchase this annuity contract, and 3) certain charges and adjustments applicable under the proposed annuity contract and other information. **You must provide a copy of this disclosure to the customer. You are required by law to keep a copy of this acknowledgement in your files for six (6) years.**

### The Company Exclusive Representative

- I exclusively represent the Company. I do not offer any other annuity contracts for use in a qualified plan or IRA other than contracts issued by the Company. I also offer life insurance through the Company.

### Non-Exclusive/ Non-registered Representative

- I represent insurance companies other than the Company. Through such other companies, I have the ability to offer fixed annuities, indexed annuities, and life insurance.

### Non-Exclusive/ Registered Representative

- I represent insurance companies other than the Company. In addition to fixed annuity contracts, I have the ability to offer indexed annuities, variable annuities, life insurance and securities. However, in this transaction (funding a qualified plan or an IRA) I have the ability to offer fixed annuities, indexed annuities, and life insurance.

### 3 Commissions

- **NOTE:**
- Indicate the percentage of commission received below, if unknown, fill in the dollar amount
  - If commissions are being split, the commission identified below will represent the total commission to be split among the applicable number of producers or entities.
  - If the options below are not applicable to the application, place N/A in the corresponding field.

The U.S. Department of Labor (“DOL”) requires that the amount of the commission that will be paid directly or indirectly by the insurance company to the selling producer(s) in connection with the purchase of an annuity used to fund a qualified plan or IRA be disclosed to you. Based on the initial amount of premium you intend to submit with your application and any additional premiums applied in the first 12 months (if applicable), the compensation that would be paid by American National as follows:

**Commission Your Producer(s) will Receive on the Premium Received in the First 12 Months:**

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

**(A) Commission Your Producer(s) will Receive on Additional Premium Received:**

<b>Year</b>	2	3	4	5	6	7	8	9	10	11+
<b>Commission %</b>										

**(B) Commission Your Producer(s) will Receive based on Optional Trail Commissions:**

Additional commission(s) will be paid to your producer(s) based on your contract value in the 2nd and subsequent years your contract remains in force, such commissions will never be more than the amount shown below. The years in force will be calculated on a 365-day year, beginning on the date the contract is issued. Additional commissions will be paid as follows:

<b>Trail Commission</b>	_____ % or \$ _____
-------------------------	---------------------

### 4 Charges, Adjustments, and Other Information

Your annuity product includes certain charges and adjustments that are required by the insurance company. These charges and adjustments may include surrender charges, market value adjustments, state-mandated premium charges, and fees for optional riders and benefits offered in your annuity contract. Detailed charges and other adjustments related to Your specific annuity are described in the required application and forms issued by the insurance company. It is important that you understand these charges and adjustments. Should you have any questions, please contact your producer for additional information.

\_\_\_\_\_  
**Proposed Owner Acknowledgement**

\_\_\_\_\_  
**Date:** Month / Day / Year

For questions about this document or your annuity contract, contact us at 1-800-252-9546 or visit our website [www.americannational.com](http://www.americannational.com). **Keep this document for your records.**



## **5 Producer's Acknowledgement**

By signing below, I represent that I will act with care, skill, prudence, and diligence and will place your financial goals, needs, risk tolerance and time horizon ahead of any of my own financial or other interests. I have not made any materially misleading statements. I may also receive other indirect compensation from this transaction such as health or retirement benefits. The total of any such indirect and direct compensation I receive shall not exceed reasonable compensation.

\_\_\_\_\_  
**Producer Acknowledgement**

\_\_\_\_\_  
**Date:** Month / Day / Year

► **NOTICE TO SELLING PRODUCER:** You must provide a copy of this disclosure to the customer.  
You are required by law to keep a copy of this acknowledgement in your files for six (6) years.



**New York Disclosure Statement for:**  
**Palladium® Multi-Year Guarantee Fixed Annuity - Form MYGNQ(NY) & Form MYGPQ(NY)**  
**Individual Single Premium Fixed Deferred Annuity**

NF

page 1 of 5

Issued by American National Life Insurance Company of New York  
Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408

**Please read this disclosure carefully, then sign and return the attached statement with your application.**

**If you have questions about these annuity products, please contact your insurance producer or contact a company representative at 1-866-490-3163.**

Thank you for applying for the **Palladium® Multi-Year Guarantee Annuity**. This is a summary document and not part of your Contract with the insurer.

This is an individual single premium fixed deferred annuity. Additional premium payments are not permitted.

This annuity offers the following Interest Rate Guarantee Periods (please check the one you are applying for):

**Palladium® MYG 3**    **Palladium® MYG 5**    **Palladium® MYG 6**    **Palladium® MYG 7**    **Palladium® MYG 10**

This annuity has a 10-year Surrender Charge Schedule (see the FEES, EXPENSES, & OTHER CHARGES section of this disclosure for details).

**The Palladium® annuity:**

- is tax-deferred annuity which means you do not pay taxes on the interest earned until the money is paid to you.
- is intended for long-term accumulation needs, such as retirement planning. They are not meant to be used to meet short-term financial goals.

**THE ANNUITY CONTRACT**

**Who are the parties to the contract?**

**The Owner.** The owner is the person who has the authority to exercise all rights under the contract. Joint Owners are permitted, and if the contract is owned by joint owners, they have equal ownership rights and all owners must authorize any exercise of ownership rights.

**The Annuitant.** The annuitant is the person on whose life the annuity benefit payments are based.

**The Beneficiary.** The beneficiary is the person designated to receive the death benefit of the contract.

**What is the Maturity Date?**

The Maturity Date is the contract anniversary following the Annuitant's 100th birthday. On the Maturity Date, we will pay your contract's Annuity Value to you (see BENEFITS section of this disclosure).

**What is my Annuity Value?**

The Annuity Value of your contract is equal to the single premium paid; less any applicable federal and/or state premium taxes, plus credited interest, less any Partial Withdrawals and/or systematic withdrawals and their associated Surrender Charges. The Annuity Value is used to determine the annuity payments.

**How will my Annuity Value grow?**

Your single premium will earn interest at the declared interest rate for the Interest Rate Guarantee Period. After the Interest Rate Guarantee Period, we will credit interest at a rate determined by us annually on each contract anniversary. 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 contract 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.

**What are the interest rates?**

**Declared Interest Rate.** This is the interest rate used in crediting interest to your contract. The initial declared interest rate will not change during the Interest Rate Guarantee Period. The declared interest rate DOES NOT include any Additional Interest. After the Interest Rate Guarantee Period, the declared interest rate is subject to change, but can never be less than the Minimum Guaranteed Interest Rate.

*Continued on reverse side ...*

**Please retain this page for your records**

**Minimum Guaranteed Interest Rate.** This is the minimum rate of interest that can be used in crediting interest to the contract. This rate is determined on the issue date of the contract and is not subject to change. The Minimum Guaranteed Interest Rate is 1.00%. All interest rates, including any Additional Interest, are specified as annual effective rates of interest. Interest is calculated on a compound method assuming a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

**Guaranteed Minimum Cash Surrender Value.** Your contract provides a minimum guarantee should you decide to surrender it. The Guaranteed Minimum Cash Surrender Value is 90% of the single premium, accumulated at the Minimum Guaranteed Interest Rate, minus any Partial Withdrawals and/or systematic withdrawals and premium taxes.

## ENHANCEMENT FEATURES AND RIDERS

### Additional Interest.

If your single premium is \$100,000 or greater, but less than \$250,000, we will credit Additional Interest of 0.10% to your contract's Annuity Value for the duration of the Interest Rate Guaranteed Period as stated in the Contract's Date Section.

If your single premium is \$250,000 or greater, we will credit Additional Interest of 0.25% to your contract's Annuity Value for the duration of the Interest Rate Guaranteed Period as stated in the Contract's Date Section.

### Special Surrender Option.

At the end of the Interest Rate Guarantee Period, you can Surrender the contract free of Surrender Charges. The request for the Surrender must be made within the 30 day period following the end of the Interest Rate Guarantee Period. The Special Surrender Option applies to a full Surrender only and is not available for Partial Withdrawals or systematic withdrawals.

### Riders.

There are no additional or optional riders available.

## BENEFITS

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

#### Prior to the Maturity Date

In the first contract year withdrawals of all interest earned are free of surrender charges. 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. A surrender charge will be applied to withdrawals in excess of the free withdrawal amount and is calculated from the surrender charges listed in FEES, EXPENSES & OTHER CHARGES.

- You may make one or more Partial Withdrawals for a portion of the Annuity Value subject to a minimum withdrawal amount of \$250.
- Systematic withdrawals, subject to a minimum withdrawal amount of 100, are available and may be started at issue or at some predetermined date in the future. Systematic withdrawals may be made for a fixed amount or for the interest that has accrued on the Annuity Value since:
  - The issue date, when the option is selected at issue; or
  - The last withdrawal payment, when the option is active; or
  - Since the contract anniversary.
- You may also Surrender your contract for the Surrender Value and apply all or a part of the Surrender Value to any of the Settlement Options offered under the contract. The minimum amount that may be applied toward a Settlement Option is \$5,000.

Any Partial Withdrawal, systematic withdrawal, or Surrender may be subject to a Surrender Charge as discussed in the FEES, EXPENSES, & OTHER CHARGES section of this disclosure.

#### Anytime after 13 months

You may elect to receive the proceeds of your annuity in a lump sum or in a series of payments if the Annuity Value is at least \$5,000.00. We offer a variety of settlement options:

1. Payments for a Fixed Period.
2. Payments for a Fixed Period and Life Thereafter.
3. Payments for Life Only.
4. Payments of a Fixed Amount.

Your financial advisor can help you make the right choice for your needs at the time you elect to receive your annuity proceeds. If you choose a settlement option, only Settlement Options 1 and 4 may be surrendered by requesting the commuted value. Other Settlement Options may be used with our agreement.

*Continued on next page ...*

**Please retain this page for your records**

Once payments under a Settlement Option begin, you will no longer be able to take withdrawals or surrender your contract. If you select a non-life contingent Settlement Option, you do have the option to commute your remaining periodic annuity payments. Life contingent Settlement Options may not be commuted.

### What happens after I die?

If you, the Owner, die before the Maturity Date:

- And the sole beneficiary is your spouse, they may elect to continue the contract as the sole owner.
- If not, the Death Benefit (the contract's Annuity Value) becomes payable.

### What happens after the Annuitant dies?

If the Annuitant is not the Owner and dies before the Maturity Date:

- If the Owner is not a natural person, the death of the Annuitant is treated as the death of the Owner and the Death Benefit becomes payable.
- If the Owner is a natural person, a new Annuitant may be selected. If a new Annuitant is not selected, the Owner will become the new Annuitant. In the case of Joint Owners, the youngest Owner will become the new Annuitant.

If the Annuitant under a Settlement Option dies:

- Any remaining guaranteed payments will continue in accordance with the Settlement Option in effect at the time of the Annuitant's death.

## FEES, EXPENSES & OTHER CHARGES

### Surrender Charges

A declining surrender charge schedule applies to any Surrender, Partial Withdrawal, and/or systematic withdrawal in excess of the Surrender Charge Free Withdrawal Amount. The Surrender Charge will follow the schedule shown below.

**Surrender Charge Free Withdrawal Amount.** 10% of the Annuity Value, after the first contract year, may be withdrawn free of Surrender Charges each year.

Contract Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11+
Surrender Charge	8%	8%	8%	7%	6%	5%	4%	3%	2%	1%	0%

Example: On your 4th contract anniversary, your Annuity Value is \$100,000, and a month later you want to withdraw \$15,000. Since \$ 15,000 is more than the Surrender Charge Free Withdrawal Amount (\$100,000 x 10% = \$10,000), your surrender charge would be \$5,000 x 7% = \$350.

Surrender charges may be waived in the event of disability, terminal illness or confinement to a licensed treatment facility. Check your Contract for specific details of these waivers.

### Expense Charges.

There are no expense charges associated with this contract.

## TAXES

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

This will depend on the source of the money you use to purchase your annuity. 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. Also, if your state imposes a premium tax, it may be deducted from the money you receive. You may wish to consult a tax professional for further information.

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

If you purchase your annuity with non-qualified funds, meaning the money used for the premium(s) did not have any special tax status and would have already been taxed, a portion of the payout you receive will be considered a return of previously taxed principal and excluded from taxation and a portion will be taxed as income.

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 incur a surrender charge if you make the exchange before the end of the surrender charge period.

There is no additional tax advantage to purchasing an annuity as a part of a qualified plan, other than the tax advantage provided by the qualified plan itself.

*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 state laws and regulations. If we do, we will tell you about the changes in writing.
- We pay the insurance producer for selling the annuity to you.
- Your contract provides a 30 day (60 days in the event of a replacement) period for you to review your contract after you buy it. If you decide during that time that you do not want it, you can return it by sending a written request to cancel to us, the insurance producer who sold you the contract, or any local agency office. You will receive a refund of your single premium, including any contract fees or charges, minus any partial withdrawals and/or systematic withdrawals and the contract will be void from the beginning. If this contract is issued as part of a replacement this review period will be extended to 60 days from the date the contract is delivered.
- If you are using this contract to fund a qualified plan or IRA and have not elected an optional rider, you will incur no additional charges, fees or discounts taken against the contract value. See the "Fees, Expenses & Other Charges" section of this document. If you have elected an optional rider, see your rider's disclosure document for additional charges associated with that rider.
- You can obtain general information regarding annuities from a free Annuity Buyer's Guide that you can request from American National Life Insurance Company of New York at 1-866-490-3163.

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

This Disclosure Statement is a summary document and not a part of your contract with American National Life Insurance Company of New York; it is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. Contact your insurance producer or American National Life Insurance Company of New York with any questions.

*Continued on next page ...*

**Please retain this page for your records**



**New York Disclosure Statement for:**  
**Palladium® Multi-Year Guarantee Fixed Annuity - Form MYGNQ(NY) & Form MYGPQ(NY)**  
*Individual Single Premium Fixed Deferred Annuity*

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page 5 of 5

Issued by American National Life Insurance Company of New York  
 Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408



**OWNER'S STATEMENT**

I confirm that I am purchasing the **Palladium® Multi-Year Guarantee Annuity**; an individual single premium fixed deferred annuity with the following Interest Rate Guarantee Period:

- Palladium® MYG 3**    **Palladium® MYG 5**    **Palladium® MYG 6**    **Palladium® MYG 7**    **Palladium® MYG 10**

and a 10-year surrender charge schedule. The single premium will earn interest at the declared interest rate during the Interest Rate Guarantee Period. After the Interest Rate Guarantee Period, interest will be credited a rate determined by American National Life Insurance Company of New York annually. Declared interest rates will never be less than the Minimum Guaranteed Interest Rate specified in your contract.

This product offers the following enhancement features:

**Additional Interest.** If the single premium is \$100,000 or greater, but less than \$250,000, Additional Interest of 0.10% will be credited to the contract's Annuity Value for the duration of the Interest Rate Guaranteed Period as stated in the Contract's Date Section. If your single premium is \$250,000 or greater, we will credit Additional Interest of 0.25% to your contract's Annuity Value for the duration of the Interest Rate Guaranteed Period as stated in the Contract's Date Section.

**Special Surrender Option.** At the end of the Interest Rate Guarantee Period, you can Surrender the contract free of Surrender Charges. The request for the Surrender must be made within the 30 day period following the end of the Interest Rate Guarantee Period. The Special Surrender Option applies to a full Surrender only and is not available for Partial Withdrawals or systematic withdrawals.

**Band 1 - Premium of \$250,000 or greater**

- I will receive a guaranteed rate of \_\_\_\_% for the remaining years of the multi-guarantee period.

**Band 2 - Premium of \$100,000 to \$249,999 (0.15% less than Band 1)**

- I will receive a guaranteed rate of \_\_\_\_% for the remaining years of the multi-guarantee period.

**Band 3 - Premium less than \$100,000 (0.25% less than Band 1)**

- I will receive a guaranteed rate of \_\_\_\_% for the remaining years of the multi-guarantee period.

**All interest rates, including any Additional Interest, are specified as annual effective rates of interest. Interest is calculated on a compound method assuming a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.**

**DISCLOSURE AGREEMENTS AND SIGNATURES**

- I have read the applicable Palladium® Multi-Year Guarantee Annuity Product Brochure.
- I have read the New York Disclosure Statement for the Palladium® Multi-Year Guarantee Annuity and have kept a copy.
- The results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

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

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

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

**INSURANCE PRODUCER'S STATEMENT**

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

If the source funds for this annuity originated from a qualified retirement plan or IRA, I am relying on the 84-24 Prohibited Transaction Exemption and I have provided a Disclosure and Acknowledgment form as required by the U.S. Department of Labor regulations, including the commissions that I will receive.

**I certify that the disclosure material has been presented to the owner(s) and a copy was provided. 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 Insurance Producer \_\_\_\_\_ Insurance Producer PC Number, SSN, or TIN (you must provide one) \_\_\_\_\_

Not FDIC/NCUA insured | Not a deposit | Not insured by any federal government agency | May lose value



**Mailing Address** Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



Page 1 of 2

**1 Applicant Information**

Applicant Name  
 \_\_\_\_\_

**2 Sales Material**

Other than the required Product Disclosure, please indicate below all sales material used with the client in the sale of this contract. If an item is not listed, a copy of it should be submitted with the application.

**Annuities**

<p><b>ASIA PLUS 7 Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form ANY-10773)</p> <p><input type="checkbox"/> EIA Disclosure (Form ANY-208)</p> <p><input type="checkbox"/> Rate Lock Procedure (Form ANY-10789)</p> <p><input type="checkbox"/> Illustration</p> <p><b>ASIA PLUS 10 Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form ANY-10774)</p> <p><input type="checkbox"/> EIA Disclosure (Form ANY-208)</p> <p><input type="checkbox"/> Rate Lock Procedure (Form ANY-10789)</p> <p><input type="checkbox"/> Illustration</p>	<p><b>WealthQuest Citadel 5 Diamond Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10593)</p> <p><input type="checkbox"/> Illustration</p> <p><b>WealthQuest Citadel 7 Diamond Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10597)</p> <p><input type="checkbox"/> Illustration</p> <p><b>Palladium Multi-Year Guarantee Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 4884)</p> <p><input type="checkbox"/> Illustration</p>	<p><b>Palladium Immediate Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10273)</p> <p><input type="checkbox"/> Illustration</p> <p><b>Century Plus Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 11011)</p> <p><input type="checkbox"/> Illustration</p>
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**Life Insurance**

<p><b>Signature Guaranteed Universal Life Insurance–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10801)</p> <p><input type="checkbox"/> Preliminary Information</p>	<p><b>Signature Indexed Universal Life Insurance–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10694)</p> <p><input type="checkbox"/> Equity Indexed Disclosure (Form ANY-72)</p> <p><input type="checkbox"/> Illustration</p>	<p><b>Signature Whole Life Insurance–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10916)</p> <p><input type="checkbox"/> Illustration</p>
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**3 Other Sales Material**

If any other sales material used, please list:

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**4 Signatures**

I verify that all sales material used in the sale and writing of this application is contained in the above list, that copies of any sales material used but not listed above are attached and if a replacement, is within American National Life Insurance Company of New York's written position with respect to the acceptability of replacements.

\_\_\_\_\_  
**Agent Name**

\_\_\_\_\_  
**Agent Code**

x \_\_\_\_\_  
**Signature of Agent**

\_\_\_\_\_  
**Date:** Month / Day / Year



# Regulation 60



**This packet details the procedures that must be followed on all replacements in the state of New York.**

## ANNUITIES

- ANICO Strategy Indexed Annuity Plus 7 – NY
- ANICO Strategy Indexed Annuity Plus 10 – NY
- WealthQuest® Citadel 5 Diamond Annuity – NY
- WealthQuest® Citadel 7 Diamond Annuity – NY
- Palladium® Immediate Annuity – NY
- Palladium® Multi-Year Guarantee Annuity – NY
- Century Plus Annuity – NY

## LIFE INSURANCE

- Signature Guaranteed Universal Life Insurance – NY
- Signature Indexed Universal Life-NY
- Signature Whole Life Insurance – NY



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

888-501-4043 | [LAD.AmericanNational.com](http://LAD.AmericanNational.com)

For Agent Use Only; Not for Distribution or Use with Consumers.

ANY-25-LAD | 08.23

# New York Regulation 60 Replacement Procedures



## Step 1

- For all New York applications, complete the Definition of Replacement (Form: ANY-112).  
If questions 1–6 are all answered NO, continue to Step 2. If any questions are answered YES, skip to Step 3.
- For all New York applications, complete the Verification of Sales Material (Form: ANY-24-LAD)
- Include proposal with ANY-24-LAD

## Step 2 (Non-Replacement)

- Complete, sign and date the Definition of Replacement (Form ANY-112)
- Complete application and all state required forms
- Leave a copy with the applicant
- Submit all forms
- No further action is required

**Note: All forms should be signed and dated at the same time.**

## Step 3 (Replacement)

- Complete, sign and date the following forms:
  - ANY-112 (Definition of Replacement)
  - ANY-110 (Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts)
  - ANY-11125 (Confirmation of Recommendation)
  - ANY-23 (Notification of Potential Replacement and Authorization to Release Information)

**Note: ANY-23 must be submitted for each policy being replaced.**

- Include most recent annual or quarterly statement for each policy being replaced
- Complete application and all other state required forms
- Leave a copy with the applicant
- Submit all forms listed above

**Note: All forms should be signed and dated at the same time.**

## Step 4 (Processed by American National)

- Upon receipt of all required forms in good order, American National will forward ANY-23 to the Existing Insurer. American National will give the Existing Insurer 20 days to provide the requested information.
- If the requested information is not received in 20 days, American National will continue to step 5.

## Step 5 (Disclosure Statement-Processed by American National and Agent)

- Upon receipt of replacement information from Existing Insurer, American National will complete the appropriate Disclosure Statement (Form ANY-111 or ANY-113).

**Note: if American National has not received the requested information from the Existing Insurer within 20 days the company will use good faith approximates, based on information obtained from the provided Annual or Quarterly statement.**

- American National forwards the completed Disclosure Statement (Form ANY-111 or ANY-113) to the Agent. If applying for an annuity, the Confirmation of Recommendation (ANY-11125) will also be sent by American National.
- Agent completes the Agent Statement section of the Disclosure Statement (Form ANY-111 or ANY-113) and signs the Confirmation of Recommendation (ANY-11125), confirming their continued recommendation of the product, and returns both forms to American National.

**Note: Applicant's signature is not required.**

**Important: The policy will NOT be issued until the Agent signs and returns the completed Disclosure Statement (Form ANY-111 or ANY-113) AND the Confirmation of Recommendation (ANY-11125).**

Upon receipt of the signed and completed Disclosure Statement, and good order completion of underwriting and/or outstanding requirements, the policy will be issued. The Disclosure Statement will be included with the Policy Packet and mailed to the Agent for delivery to the Applicant.

## Life Forms

May be submitted by mail, email, or fax to:

**Mail:** American National Life Insurance Company of New York  
Mail Processing Center  
P.O. Box 4408  
Springfield, MO 65808-4408

**Email:** ANICONYLIFE@AmericanNational.com

**Fax:** 281-538-6727

## Annuity Forms

**Must be submitted as originals. Please submit all Regulation 60 forms along with the application to:**

**Mail:** American National Life Insurance Company of New York  
Mail Processing Center  
P.O. Box 4408  
Springfield, MO 65808-4408

If requested, any additional annuity Regulation 60 correspondence may be submitted by email or fax to:

**Email:** ANICONYANNUITY@AmericanNational.com

**Fax:** 281-535-4623

**Additional Information:** If an application or other required forms are not submitted accurately or are incomplete, American National will notify the agent of the deficiency. If the deficiency is not corrected within ten (10) days of receipt of the application, the application must be rejected. In the event the life insurance policy or annuity contract is issued differently than applied for, the Disclosure Statement will reflect the correct values.



AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

888-501-4043 | LAD.AmericanNational.com

For Agent Use Only; Not for Distribution or Use with Consumers.



Mailing Address:

Mail Processing Center, Life Insurance Administration, 1949 E Sunshine St, Springfield, MO 65899-0001

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 THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

\_\_\_\_\_  
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

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK  
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE  
INSURANCE POLICIES OR ANNUITY CONTRACTS****THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION 60)**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.



4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- \* THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK STATE INSURANCE LAWS;
- \* YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- \* YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- \* THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

**I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.**

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_



**Notification of Potential Replacement and Authorization to Release Information**  
**AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK**

Mailing Address:  
 Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
 Business: (866) 490-3163



Section 1. Existing Insurer's Information

(Please provide the Reg60 Contact address for the company being replaced listed on the New York State Department of Financial Services website, <http://www.dfs.ny.gov/insurance/reg60/reg60contacts.htm>.)

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

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy/Contract Owner(s) Name, DOB, Address: \_\_\_\_\_

Policy/ContractNumber(s): \_\_\_\_\_

Section 2. Replacing Agent's/Broker's Information

Agent/Broker's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(To be completed by American National Home Office)

ANICONY Contract Number: \_\_\_\_\_

ANICONY Product Applying For: \_\_\_\_\_ Qualified  or Non-Qualified

Immediate  or Deferred

Section 3. Authorization to Release Information

The policy/contract listed above may be replaced. By signing below, the contract owner(s) authorizes and request the above named replacing agent and American National Life Insurance Company of New York to obtain account information from the current insurer related to the existing life insurance policy or annuity contract. Please provide the information, on the above named policy/contract, necessary to complete the "Disclosure Statement".

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

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



<b>Annuity Contracts</b>	<b>Policy # 1</b>	<b>Policy # 2</b>
Policy Number:		
Name of Insured(s)		
Name of Policyowner(s):		
*Type of Annuity:		
Issue Date:		
Current Interest Rate:		
Guaranteed Interest Rate:		
Account Value:		
Surrender Charge (Amt):		
Plus/Minus MVA (if any) (Amt):		
Surrender Value:		
<i>If variable use hypothetical rates of returns 0%, 6%, 12%</i> SV @ Guar Rate in 5 yrs: SV @ Guar Rate in 10 yrs:		
SV @ Current Rate in 5 yrs: SV @ Current Rate in 10 yrs:		
DB @ Guar Rate in 5 yrs: DB @ Guar Rate in 10 yrs:		
DB @ Current Rate in 5 yrs: DB @ Current Rate in 10 yrs:		
<b>Life Contracts</b>	<b>Policy # 1</b>	<b>Policy # 2</b>
Policy Number:		
Name of Insured(s)		
Name of Policyowner(s):		
Type of Life Product:		
Face Amount:		
Rider (s) Type and Amount:		
Issue Date:		
Surrender Charge: (amt)		
Guaranteed Interest Rate:		
Loan Interest Rate:		
Contestable Expiry Date:		
Suicide Expiry Date:		
DB Reduction to: (Face)		
Reduced Paid-Up For: (Face)		
Extended Term For: (Date)		
Cash Release at Time of Change Date and Amount:		
<b>Annual Premium Amt</b> At Present: 5 Years Hence: 10 Years Hence:		

<b>Surrender Value</b> At Present: 5 Years Hence: 10 Years Hence:		
<b>Death Benefit</b> At Present: 5 Years Hence: 10 Years Hence:		
<b>Dividends</b> At Present: 5 Years Hence: 10 Years Hence:		

\*If the existing contract is a deferred annuity, please provide details regarding the guaranteed immediate income options available under the existing policy including the monthly payout amounts available under each option.



**Mailing Address** Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



Page 1 of 2

**1 Applicant Information**

Applicant Name  
 \_\_\_\_\_

**2 Sales Material**

Other than the required Product Disclosure, please indicate below all sales material used with the client in the sale of this contract. If an item is not listed, a copy of it should be submitted with the application.

**Annuities**

<p><b>ASIA PLUS 7 Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form ANY-10773)</p> <p><input type="checkbox"/> EIA Disclosure (Form ANY-208)</p> <p><input type="checkbox"/> Rate Lock Procedure (Form ANY-10789)</p> <p><input type="checkbox"/> Illustration</p> <p><b>ASIA PLUS 10 Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form ANY-10774)</p> <p><input type="checkbox"/> EIA Disclosure (Form ANY-208)</p> <p><input type="checkbox"/> Rate Lock Procedure (Form ANY-10789)</p> <p><input type="checkbox"/> Illustration</p>	<p><b>WealthQuest Citadel 5 Diamond Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10593)</p> <p><input type="checkbox"/> Illustration</p> <p><b>WealthQuest Citadel 7 Diamond Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10597)</p> <p><input type="checkbox"/> Illustration</p> <p><b>Palladium Multi-Year Guarantee Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 4884)</p> <p><input type="checkbox"/> Illustration</p>	<p><b>Palladium Immediate Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10273)</p> <p><input type="checkbox"/> Illustration</p> <p><b>Century Plus Annuity–NY</b></p> <p><input type="checkbox"/> Brochure (Form 11011)</p> <p><input type="checkbox"/> Illustration</p>
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**Life Insurance**

<p><b>Signature Guaranteed Universal Life Insurance–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10801)</p> <p><input type="checkbox"/> Preliminary Information</p>	<p><b>Signature Indexed Universal Life Insurance–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10694)</p> <p><input type="checkbox"/> Equity Indexed Disclosure (Form ANY-72)</p> <p><input type="checkbox"/> Illustration</p>	<p><b>Signature Whole Life Insurance–NY</b></p> <p><input type="checkbox"/> Brochure (Form 10916)</p> <p><input type="checkbox"/> Illustration</p>
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**3 Other Sales Material**

If any other sales material used, please list:

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**4 Signatures**

I verify that all sales material used in the sale and writing of this application is contained in the above list, that copies of any sales material used but not listed above are attached and if a replacement, is within American National Life Insurance Company of New York's written position with respect to the acceptability of replacements.

\_\_\_\_\_  
**Agent Name**

\_\_\_\_\_  
**Agent Code**

x \_\_\_\_\_  
**Signature of Agent**

\_\_\_\_\_  
**Date:** Month / Day / Year

# Rate Lock Procedures

## New York



American National Life Insurance Company of New York has rate lock provisions in place to allow our customers and agents time to secure the best rates in effect. American National Life Insurance Company of New York issues fixed deferred and immediate annuities upon receipt of all premium(s) and paperwork in good order. “Good Order” means that 1) all required forms are properly completed and signed and 2) the agent is licensed and appointed. Paperwork deemed to be not in good order will result in delays in the annuity being issued.

The effective date of a fixed deferred or immediate annuity will be the date the premium is received at American National Life Insurance Company of New York. If more than one premium is received for the same annuity, the effective date of the policy will be the date the last premium is received.

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### Cash with Application (CWA)

- To “lock-in” the previous month’s interest rate, the application, check, and Definition of Replacement form must be signed and dated in the prior month. The application, check, and Definition of Replacement form must be received within the first three business days of the month. Applications received after the third business day of the month will receive the then-current “new money” rates.
- To “lock-in” a quote for a single premium immediate annuity, the application, proposal, check, and Definition of Replacement form must be received within seven days from the date the proposal was prepared. Applications received beyond the seventh day will receive annuity payments based upon current calculations in effect on the date of issue.

### Wires

To “lock-in” the previous month’s interest rate, the application and Definition of Replacement form must be signed and dated in the prior month. The application, Definition of Replacement form, and wire must be received within the first three business days of the month. Applications received after the third business day of the month will receive the then-current “new money” rates.

### 1035 Exchange, Transfer, Rollover, or Transfer of Funds from Non-Insurance Accounts to Non-Qualified Annuities

- To “lock-in” the previous month’s interest rate, the application must be received within the first three business days of the month. A 60-day rate lock period begins on the date the application is signed.
- A 60-day rate lock period will apply to 1035 exchanges, transfers, rollovers and transfer of funds from non-insurance accounts to non-qualified annuities. The request may be initiated by the agent, client or American National Life Insurance Company of New York.
- If multiple premiums are expected, the annuity will not be issued until all premiums have been received. If the last premium is received after the expiry of the 60-day rate lock period, the rate lock will not apply to any of the premium.
- Transferred funds from non-qualified non-insurance funds which would qualify for the 60-day rate lock period include Mutual Fund Shares, Certificates of Deposit, Brokerage Accounts, or any other financial institution funds. Non-qualified funds which would not qualify for the 60-day rate lock period include funds from a checking or savings accounts.
- On the date of issue, the contract will be credited with the higher rate in effect on the date the Application and the Definition of Replacement form was signed or the then-current “new money” rate in effect. Premium(s) received after the expiry of the 60-day rate lock will receive the then-current “new money” rates. Rates that are in effect for any period between the application date and the issue date are not considered.

### The Rate Which American National Life Insurance Company of New York Will Lock Varies by Product

- **Fixed Deferred Annuities**  
The rate lock date will be the date that produces the greater declared accumulation interest rate. The annuity will be issued with the greater declared accumulation interest rate in effect on the date the Application and the Definition of Replacement form was signed or on the date of issue.
- **Single Premium Immediate Annuities**  
The rate lock will be based on the highest annuity payment calculated on the date the Application and the Definition of Replacement form was signed or on the date of issue.
- **Indexed Annuity**  
The rate lock will be based on the crediting factors in effect on the date the contract is issued. If the annuity is a replacement or exchange, please see the rate lock procedures for ASIA PLUS.  
(Form ANY-10789)

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AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK | Glenmont, New York

888-501-4043 | LAD.AmericanNational.com

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LAD10071 | 08-23







**5. Policy/Contract/Account Statement**

Policy/Contract/Account Included *If policy/contract/account is not lost, please submit with this form.*

Certificate of Lost Policy/Contract/Account

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

Not Applicable, The Existing Policy/Contract/Account is a Partial Transfer or Direct Rollover.

**6. Required Minimum Distribution (RMD) Information**

If this rollover is being made during or after the first year for which you must take a required minimum distribution, you must **satisfy the RMD prior to rolling over your qualified account(s).**

If you have attained the age in which you are required to take required minimum distributions, and are requesting a Trustee to Trustee Transfer, select one of the following:

I have or will satisfy my RMD from another source.

Distribute my RMD to me before transferring my qualified funds.

**7. Special Instructions**

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**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 4408  
Springfield, MO 65808-4408  
1-866-490-3163

*If shipping via overnight service:*

American National Life Insurance Company of New York  
Mail Processing Center  
Attn: New York Unit 4408  
1949 E. Sunshine St.  
Springfield, MO 65899-0001

**Please make check payable to: American National Life Insurance Company of New York**

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



Mailing Address:  
Mail Processing Center, Life Insurance Administration, 1949 E Sunshine St, Springfield, MO 65899-0001  
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 THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

\_\_\_\_\_  
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



**Mailing Address** Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
**Phone** 1-866-490-3163



Page 1 of 2

► **NOTE:** This form is to be completed when a trust is named as owner or beneficiary.

**1 Contract Policy Information**

Proposed Insured's First Name      M.I.      Last Name  
 \_\_\_\_\_

**Trust will be:**    Owner     Beneficiary     Both Owner and Beneficiary

**2 Information about the Trust**

**In consideration of American National Life Insurance Company of New York opening and/or maintaining one or more contracts and/or policies with the Trust named below as owner or beneficiary, the undersigned Trustee(s), certify as follows:**

Full Name of the Trust  
 \_\_\_\_\_

Date Trust Created                      State Where Trust Created                      Date of Latest Trust Amendment  
 \_\_\_\_\_

Trust Tax Identification Number      Name of Grantor/Settlor Who Established Trust  
 \_\_\_\_\_

Street Address    City    State                      ZIP  
 \_\_\_\_\_

**Type of Trust:**    Revocable     Irrevocable     Testamentary

**If Multiple Trustees:**    a majority may act for all     anyone may act independently     all must act unanimously

Name of the Successor Trustee(s) (if any)                      x \_\_\_\_\_  
**Signature of Successor Trustee(s) (if any)**

What is the length and nature of relationship between the Trustee(s) and Grantor/Settlor: \_\_\_\_\_  
 \_\_\_\_\_

Does the Trust contain a spendthrift Provision that prohibits a beneficiary or creditor of a trust beneficiary from anticipating or attaching an interest in the trust?.....  Yes     No\*

**\*If No**, explain reason for leaving this provision out: \_\_\_\_\_

Can the trust be merged or consolidated with another trust? .....  Yes     No

Is the beneficiary granted a power of appointment (ability to appoint property during life or at death)? .....  Yes\*     No

**\*If Yes**, is the power limited to persons who (a) are related to the insured by blood or law, (b) have a substantial interest in the proposed insured engendered by love and affection, or (c) hold a lawful and substantial economic interest in the continued life of the proposed insured? .....  Yes     No

### 3 Declarations and Certifications

The undersigned Trustee(s) do hereby declare, certify and understand the following:

1. All information provided on this Certification is accurate and complete.
2. The named trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
3. Beneficial interest under the Trust can and will only be established for persons who (a) are related to the Proposed Insured by blood or law, (b) have a substantial interest in the Proposed Insured engendered by love and affection, or (c) hold a lawful and substantial economic interest in the continued life of the Proposed Insured.
4. That American National Life Insurance Company of New York ("the Company") is relying exclusively on the representations in this Certification and not upon a review of the trust document, even if the trust document has been or is later provided. The Company reserves the right to require the trustee(s) to provide a copy of the trust agreement either before or after the Policy is issued, for any reason the Company may determine. The Company is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to the Company.
5. I/We are duly authorized to act as trustee(s) under the terms of the trust provisions and/or applicable law. I/We have the power to exercise all rights associated with ownership of a life insurance policy, including, but not limited to, purchase, surrender, selection of and transfers between variable funding options, withdrawal of funds, taking a loan or other encumbrance and assignment of the policy.
6. Each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company and agrees to hold the Company harmless against all obligations, demands, losses or liabilities (including attorney's fees) that the Company incurred, suffered, or paid or may incur, suffer or pay in the future because of the Company's reliance on this Certification and/or transactions or actions by the undersigned. By indemnifying the Company, each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company's agents, officers and employees. This indemnification shall survive termination of this document or the life insurance policy.
7. That neither the Company nor its agents are responsible for estate planning and tax implications associated with the Trust's ownership of a life insurance policy, that they may not give legal or tax advice and that the Company's acceptance of this Certification is not an endorsement of the named trust. I/We have had the opportunity to consult with an independent attorney and/or tax advisor, to the extent necessary, before executing this Certification.
8. **I/We agree to inform the Company immediately in writing of any trust amendments, change of trustee(s), or other facts and events that would affect or alter the recipients of the beneficial interest of the Trust or any of the representations in this Certification.**
9. The Proposed insured has been informed or is otherwise aware that a policy is being purchased on his/her life.
10. That the Company will not be responsible for the performance of said trustee's duties as trustee, nor for the use of any money paid to such trustee and will be fully discharged in making any payment to such trustee and it is agreed that no trust referred to herein shall vary the terms of the insurance contract or application or be otherwise binding on the Company.

Name of Trustee #1 (please print)	X _____	Date: Month/Day/Year
Street Address	City	State      ZIP

Name of Trustee #2 (please print)	X _____	Date: Month/Day/Year
Street Address	City	State      ZIP

Name of Trustee #3 (please print)	X _____	Date: Month/Day/Year
Street Address	City	State      ZIP



# Non-Qualified Transfer and 1035 Exchange Request

AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK

page 1 of 3

Mailing Address:  
Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408  
Business: (866) 490-3163



This form can be used to accomplish a FULL or a PARTIAL Exchange of policies pursuant to Internal Revenue Code (IRC) Section 1035. Complete either section 2 for 1035 Exchanges or section 3 for Non-1035 Exchanges. A separate form must be submitted for each surrendering company and for each existing Policy/Contract/Account Number. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

**New ANICO Annuity Contract**       **Existing ANICO Contract Number:** \_\_\_\_\_

## 1. Funds Coming From

**Transfer Company Name:** \_\_\_\_\_ | **Transfer Company Phone Number:** \_\_\_\_\_ | **Transfer Company Fax Number:** \_\_\_\_\_

**Transfer Company Address: Number/Street** \_\_\_\_\_ | **City** \_\_\_\_\_ | **State** \_\_\_\_\_ | **Zip** \_\_\_\_\_

**Name of Insured/Annuitant\*:** \_\_\_\_\_ | **Social Security Number:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ | **Social Security Number:** \_\_\_\_\_

**Name of Joint Owner:** \_\_\_\_\_ | **Social Security Number:** \_\_\_\_\_

**Policy/Contract/Account Number with Transfer Company:** \_\_\_\_\_

### ► NOTE:

- **The Owner and Insured/Annuitant information must match the existing policy/contract/account held at the other carrier.**
- **Joint Annuitant's are Only Accepted on Immediate Annuities.**

## 2. Authorization for 1035 Exchange, Non-Qualified Policy/Contract/Account Only

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       Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Full 1035 Exchange**      \$ \_\_\_\_\_

The Assignor hereby designates American National Life Insurance Company of New York as beneficiary of the above policy/contract/account. 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/annuity 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 life insurance policy or 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. Non-Qualified Transfer of Funds (Non-1035 Exchange)**

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 policy/contract: *(Must Specify)*

- Immediately
- Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Mutual Funds Shares**
- Certificate of Deposit**
- Brokerage Account**
- Money Market**
- Other** \_\_\_\_\_

I wish to liquidate and transfer:

- Entire Value**
- Partial Value, in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_% of the above referenced policy/contract/account directly to the receiving company**

**4. Policy/Contract/Account Statement (Only applicable for 1035 Exchanges for Life Contact or Annuity Policies)**

- Policy/Contract/Account Included *(If contract is not lost, please submit with this form.)*
- Certificate of Lost Policy/Contract/Account

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

- Not Applicable, The Existing Policy/Contract/Account is a Partial Exchange.

**5. Special Instructions**

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**6. 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 policy/contract/account, 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 policy/contract/account; and (5) the full-partial distribution from my existing policy/contract/account may be subject to surrender charges.

I/We authorize the transaction described above.

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

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

- |   |   |
|---|---|
| x _____<br>Signature of Insured/Annuitant               | x _____<br>Signature of Joint Annuitant (for Immediate Annuities) |
| x _____<br>Signature of Owner (if other than Annuitant) | x _____<br>Signature of Joint Owner (if other than Annuitant)     |
| x _____<br>Signature of Guarantee (if Required)         | x _____<br>Signature of Agent                                     |

**Signature Requirements:**

**Joint Owners** - All owners must sign.

**Custodian** - Custodian must sign with the Custodian designation next to name.

**Guardian** - Guardian must sign with Guardian designation next to name and provide guardianship paperwork.

**Power of Attorney** - Attorney-in-Fact must sign with POA designation next to name.

**Trust** - All Trustees must sign if required by trust and must include the Trustee title next to signature.

**7. 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 4408  
Springfield, MO 65808-4408  
1-866-490-3163

*If shipping via overnight service:*

American National Life Insurance Company of New York  
Mail Processing Center  
Attn: New York Unit 4408  
1949 E. Sunshine St.  
Springfield, MO 65899-0001

**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/contract/account.**