



Annuity Application Instructions for Producers

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



Page 1 of 1

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
Annuity Application	✓ (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)
Product Disclosure	✓ (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)
Annuity Suitability & USA Patriot Act Form (Form ANY-4465)	✓	✓	✓	✓	✓
Definition of Replacement (Form ANY-112)	✓	✓	✓	✓	✓
Equity Indexed Annuity Disclosure (Form ANY-208)		✓			
Withholding Certificate for Annuity Payments (Form W4-P)					✓
Regulation 60 Packet (Form ANY-25-IM)	Required: If application is a replacement				
Non-Qualified 1035 Exchange Request (Form ANY-4394-NQ)	Required: If funding is coming from a non-qualified source				
Qualified Transfer or Rollover Request (Form ANY-4394-Q)	Required: 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 Immediate 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 Charity

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

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

- ▶ 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 style="width: 40px;" type="text"/> %	Relationship to Owner: <input style="width: 100px;" type="text"/>	
First Name _____	M.I. _____	Last Name or Non-Natural Entity Name _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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 style="width: 40px;" type="text"/> %	Relationship to Owner: <input style="width: 100px;" type="text"/>	
First Name _____	M.I. _____	Last Name or Non-Natural Entity Name _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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

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

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 Rollover / Transfer / 1035 Exchange / Non-1035 Exchange

Rollover Amount: \$ _____ Transfer Amount: \$ _____

1035 Exchange Amount: \$ _____ Non-1035 Exchange: \$ _____

Total Expected Premium

Amount: \$ _____

7 Product Applied For

Single Premium Fixed Immediate Annuity:

Palladium® Immediate Annuity—NY

8 Annuity Benefit Plan Selection**Single Life Annuity Benefit Plans**

- Period Certain for _____ years (5 - 30) or \$ _____
- Life Only Life with Period Certain ____ years (5 – 20)
- Life Cash Refund (COLA not available) Life Installment Refund (COLA not available)

Joint Life Annuity Benefit Plans

- Joint to Survivor Life Joint to Survivor with Period Certain for ____ years (5–20)
- Joint to Spouse Life Joint to Spouse with Period Certain for ____ years (5–20)

Please select the reduction to payments to surviving annuitant after the first death (for Joint to Spouse payouts, reduction will only occur if the primary annuitant is the first to die) 50% 60% 66.67% 75% Remain at 100%

Optional Cost of Living Adjustment (COLA)

- Compound Interest at 3% **(COLA is not available with Life Cash Refund or Life Installment Refund)**

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

Joint Life Annuitant Information (if applicable)

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 _____			

Payment Information

All payments are made by electronic payment (EFT). **Attach Voided Check.**

Frequency of Payments: Monthly Quarterly Semiannual Annual

Date Payments to Start: _____ (within 12 months)

► **NOTE:**

- **A completed W-4P form is required.**
- **If you are subject to IRS backup withholding submit a completed W-9 form.**

9 Annuity Benefit Plan Disclosures

Period Certain (non-life contingent)

If you die before the end of the period certain you selected, annuity payments, including any Cost of Living Adjustment, will continue to be made to your beneficiary for the remaining number of years in the period certain.

Life only (life contingent)

Annuity payments will cease upon your death. No further annuity payments will be made.

Life with Period Certain (life contingent)

If you die before the end of the period certain you selected, annuity payments, including any Cost of Living Adjustment, will be made to your beneficiary for the remaining years in the period certain.

Life with Cash Refund (life contingent)

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

Life with Installment Refund (life contingent)

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

Joint to Survivor (life contingent)

Periodic annuity payments, including any Cost of Living Adjustment, will be paid as long as the Annuitant and Joint Annuitant both live. Upon the death of either the Annuitant or Joint Annuitant, the annuity payments will reduce to the percentage you have selected. Upon the death of the last surviving Annuitant, annuity payments will cease.

Joint to Survivor with Period Certain (life contingent)

Periodic annuity payments, including any Cost of Living Adjustment, will be paid during the period certain and will continue at the same amount regardless of whether either or both annuitants are living. After the period certain:

1. If both the Annuitant and Joint Annuitant have died, the contract will terminate and annuity benefit payments will cease.
2. If either the Annuitant or Joint Annuitants have died, the annuity benefit payments will reduce to the percentage selected and will continue until the death of the last surviving Annuitant, at which time, annuity benefit payments will cease.
3. If both the Annuitant and Joint Annuitant are still living, annuity benefit payments will continue at the full amount until the death of either the Annuitant or Joint Annuitant, at which time annuity benefit payments will reduce to the percentage selected and will continue at the reduced amount until the death of the last surviving Annuitant. Upon the death of the last surviving Annuitant, annuity benefit payments will cease.

Joint with Percentage to Spouse (life contingent)

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

Joint and Spouse with Period Certain (life contingent)

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

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

10 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.

11 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

x _____
Signature of Annuitant

x _____
Signature of Owner (if other than Annuitant)

x _____
Signature of Producer

Signed in (State)

x _____
Signature of Joint Annuitant (if applicable)

x _____
Signature of Joint Owner/Trustee/Partner



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



**Disclosure Statement for the Palladium®
Single Premium Immediate Annuity—NY (Client Copy)**
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

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Summary

Thank you for considering the Palladium® Single Premium Immediate Annuity—NY. We want to make sure that you understand its features and benefits.

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

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

Please read the following information carefully, then sign and return the attached client acknowledgment with your application.

If you have questions about this annuity, please contact your insurance agent or contact a company representative at 1-866-490-3163.

The Annuity 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 both 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 any remaining annuity benefit payments upon the death of the Annuitant

Joint Annuitant

The Joint Annuitant, if one is named, is the person on whose life, in addition to the annuitant, the annuity benefit payments are based.

Spouse Annuitant

The Spouse Annuitant, if one is named, is the person on whose life, in addition to the annuitant, the annuity benefit payments are based. A spouse annuitant may be a civil union partner.

► What are the annuity benefit plans?

You can select single life or joint life annuity benefit plans. You can also choose to include a Cost of Living Adjustment (COLA) on the annuity benefit plan you select. Please note that a Cost of Living Adjustment is not available on the Life with Cash Refund or Life with Installment Refund plans. Below are the benefit plans available. More information about these plans are on page three and four.

Single Life Annuity Benefit Plans

- Life Only
- Life with Certain Period (5-20 years)
- Life with Cash Refund
- Certain Period (5-30 years)
- Fixed Amount for Specified Years or Dollar Amount
- Life with Installment Refund

Joint Life Annuity Benefit Plans

- Joint to Survivor Life
- Joint to Survivor with Certain Period (5–20 years)
- Joint to Spouse Life
- Joint to Spouse with Certain Period (5–20 years)

Annuity benefit payments to Surviving Annuitant will reduce to 50%, 60%, 66.67%, 75%, or remain at 100% based on the option you select.

Please retain this form for your records.

Rate Lock Guarantee

The Company has rate lock procedures to “lock in” a benefit payment amount while an application is pending. If the rate lock conditions are satisfied, a higher benefit payment amount will be honored even if the Company lowers interest rates it uses to determine benefit payment amounts after the date of the application. The rate lock conditions are described below:

Cash with Application

To “lock-in” the previous month’s benefit payment amount, the application, check and Definition of Replacement form must be signed and dated in the prior month. The application, check and Definition of Replacement must be received within the first three business days of the month.

Section 1035 Exchanges or Transfers of Funds from Non-Insurance Accounts

To “lock-in” the previous month’s benefit payment amount, the application must be received within the first three business days of the month. A 60-day rate lock will begin on the date the application is signed. Funds must be received from the other financial institution within the 60-day rate lock period. If multiple premiums are expected, the annuity will not be issued until all funds 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. Funds that do not qualify for the 60-day rate lock period include premium from a checking or savings account. On the date of issue, the contract will receive the higher benefit payment amount in effect on the date the Definition of Replacement form was signed or the then-current benefit payment amount offered by the Company.

Benefits

► How do I get annuity benefit payments from my annuity?

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

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

If you choose to include a Cost of Living Adjustment to the annuity benefit plan you select for the annuity, you will receive a Compound Interest COLA of 3%. The annuity benefit payment will be adjusted by the COLA percentage each year. The actual amount of each year’s annuity benefit payment, based on the annuity benefit plan and payment frequency you select at the time of your application, will appear on the Data Page in the annuity contract.

► Is there a charge to include a Cost of Living Adjustment to an annuity benefit plan?

Yes, it is taken out of the annuity benefit payments. However, you should consider the value of the annuity benefit payments received over the expected time for the annuity benefit payments, and you may find that the guaranteed increase in annuity benefit payments over that period of time is worth the smaller annuity benefit payments in the early years.

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

You can request a surrender only after your contract has been in force for three years by sending a written request for a partial surrender and returning your contract to the Company.

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

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

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

Please retain this form for your records.

► **Can I surrender my annuity after I start receiving annuity benefit payments?**

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

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

This will depend on the annuity benefit plan you selected:

Period Certain (non-life contingent)

If you die before the end of the period certain you selected, annuity payments, including any Cost of Living Adjustment, will continue to be made to your beneficiary for the remaining number of years in the period certain. Includes the Fixed Amount for specified years or dollar amount annuity plan.

Life only (life contingent)

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

Life with Period Certain (life contingent)

If you die before the end of the period certain you selected, annuity payments, including any Cost of Living Adjustment, will be made to your beneficiary for the remaining years in the period certain.

Life with Cash Refund (life contingent)

If you die before the cumulative annuity benefit payments you have received equals the initial premium you paid, the balance will be paid to your beneficiary in a lump sum.

Life with Installment Refund (life contingent)

If you die before the cumulative annuity benefit payments you have received equals the initial premium you paid, annuity benefit payments will continue to your beneficiary until the cumulative annuity benefit payments equals the initial premium.

Joint and Survivor (life contingent)

Periodic annuity benefit payments will be paid as long as either the Annuitant or Joint Annuitant are alive. Upon the death of either the Annuitant or Joint Annuitant, the annuity benefit payments will reduce to the percentage you have selected. Upon the death of the last surviving Annuitant, annuity benefit payments will cease.

Joint and Survivor with Period Certain (life contingent)

Periodic annuity benefit payments, including any Cost of Living Adjustment, will be paid during the period certain and will continue at the same amount regardless of whether either or both annuitants are living. After the period certain:

- 1) If both the Annuitant and Joint Annuitant have died, the contract will terminate and annuity benefit payments will cease.
- 2) If either the Annuitant or Joint Annuitant have died, the annuity benefit payments, including any Cost of Living Adjustment, will reduce to the percentage selected and will continue until the death of the last surviving Annuitant, at which time, annuity benefit payments cease.
- 3) If both the Annuitant and Joint Annuitant are still living, annuity benefit payments, including any Cost of Living Adjustment, will continue at the full amount until the death of either the Annuitant or Joint Annuitant, at which time annuity benefit payments, including any Cost of Living Adjustment, will reduce to the percentage selected and will continue at the reduced amount until the death of the last surviving Annuitant. Upon the death of the last surviving Annuitant, annuity benefit payments cease.

Joint with Percentage to Spouse (life contingent)

Annuity benefit payments will continue as long as the primary Annuitant is living. Upon the death of the primary Annuitant, if the Spouse Annuitant is living, the annuity benefit payments will reduce to the selected percentage and will continue until the death of the Spouse Annuitant, at which time annuity benefit payments cease.

Please retain this form for your records.

Joint and Spouse with Period Certain (life contingent)

Annuity benefit payments, including any Cost of Living Adjustment, will be paid during the period certain and will continue at the same amount regardless of whether the primary Annuitant is living. At the end of the period certain:

- 1) If both the Annuitant and Spouse annuitant have died, annuity benefit payments cease.
- 2) If the Annuitant is still living, annuity benefit payments, including any Cost of Living Adjustment, will continue at the same amount until the Annuitant's death. After the Annuitant's death:
 - a) If the Spouse Annuitant has already died, annuity benefit payments cease.
 - b) If the Spouse Annuitant is living, annuity benefit payments, including any Cost of Living Adjustment, will reduce to the selected percentage and will continue until the death of the Spouse Annuitant, at which time annuity benefit payments cease.
- 3) If the Spouse Annuitant is living, annuity payments, including any Cost of Living Adjustment, will reduce to the selected percentage and will continue until the death of the Spouse Annuitant, at which time annuity payments cease.

Optional Benefit Riders**► What other benefits can I choose?**

There are no optional benefit riders offered with this annuity.

Fees, Expenses & Other Charges**► What happens if I take out some or all of the money from my annuity?**

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

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

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

► Do I pay any other fees or charges?

No. There aren't any other fees or charges on this annuity. Also, you pay only one premium for your annuity.

Taxes**► How will annuity benefit payments and surrenders from my annuity be taxed?**

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

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

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

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

Please retain this form 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'll tell you about the changes in writing.
- We pay the insurance agent for selling the annuity to you.
- New York gives you 30 days to look at an annuity after you buy it. If you decide during that time that you don't want it, you can return the annuity and get all your money back. Read your contract to learn about your Notice of 30 Day Right to Cancel Contract. If this is a replacement the right to examine period expires sixty (60) days after 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.
- If you did not have a face to face meeting with your insurance producer when purchasing this annuity, you can obtain general information regarding annuities from a free Annuity Buyer's Guide you can request from the Company at 1-866-490-3163.

► **NOTE:** This Disclosure Statement is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. Contact your insurance agent or the Company with any questions.

Please retain this form for your records.



**Disclosure Statement for the Palladium®
Single Premium Immediate Annuity—NY (Client Acknowledgement)**
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



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1 Owner/Annuitant's Statement

I confirm that:

- I am purchasing a Palladium® Single Premium Immediate Annuity—NY.
- I have read and understand the Palladium® Single Premium Immediate Annuity—NY Product Brochure.
- I have read and understand the Palladium® Single Premium Immediate Annuity—NY Disclosure statement consisting of six pages and have kept a copy.
- I understand that once annuity benefit plan payments start my right to request withdrawals is very limited and there are significant commutation charges.

Name of Annuitant

X _____
Signature of Owner

Date: Month / Day / Year

X _____
Signature of Joint Owner / Trustee / Partner

Date: Month / Day / Year

2 Insurance Agent's Statement

- I certify receipt of \$ _____ given to purchase a Palladium® Single Premium Immediate Annuity—NY 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:

- I have reviewed the Disclosure Statement with the Owner and informed the owner of the features of the contract and potential consequences of the transaction both favorable and unfavorable.
- A complete copy of this Disclosure Statement has been provided to the owner; and
- I have not made statements that differ from this material nor have I made any promises about the expected future values of this annuity.

X _____
Signature of Insurance Agent

Insurance Agent PC Number, SSN, or TIN

▶ NOTE: • A copy of the Client Acknowledgement, page 6, must be sent in with application packet. (A complete copy to be left with client).
• This Disclosure is intended to be used with Form ANY-NSPA.

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



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



Page 1 of 6

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
a.	Is there a surrender charge? If Yes, list the current dollar amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Not Applicable
b.	What is the remaining Surrender Charge Period?	_____ Yrs.	_____ Yrs.
c.	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
d.	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 _____
e.	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 \$ _____
f.	Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	No
g.	If there is a Market Value Adjustment (MVA), then what is the amount and is it positive or negative?	(Pos.) \$ _____ (Neg.) \$ _____	Not Applicable
h.	What is the Minimum Guaranteed Interest Rate over the life of the contract? (i.e. required by state law and in the contract)	_____ %	_____ %
i.	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 _____ %
j.	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%
k.	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
l.	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
m.	Is there a Terminal Illness Waiver/Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
n.	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
o.	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"/> Corporation, LLC, Professional Association | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> General Partnership or Joint Venture | <input type="checkbox"/> Trust and All Other Entities |

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:

Year	2	3	4	5	6	7	8	9	10	11+
Commission %										

(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:

Trail Commission _____ % 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. **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.



USA Patriot Act Notification and Customer Identification Verification

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

page 1 of 1

Administrative Address:
One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163
Mail Processing Center, Life Insurance Administration
1949 E. Sunshine St., Springfield, MO 65899-0001



1. **Client Name** _____ **Application / Policy / Contract Number** _____

Source of Funds W-2 Wages Investments Social Security or Pension Savings
 Another insurance policy / annuity contract Other (please explain) _____

USA PATRIOT Act Notice – to be read by or to customer.

2. The USA PATRIOT Act requires that We establish an Anti-Money Laundering (“AML”) Program, notify customers that We must verify the identity of the owner(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

Customer Identification Verification: In order to satisfy such obligations, We require our representative to review and verify a current government issued photo ID for each Owner/Trustee/Partner associated with a contract. Information on such identification must be recorded below. We may use third party sources to verify the information provided.

a. **Identification Verified** (One for each Owner/Trustee/Partner. Use additional forms if necessary.)

Owner/Trustee/Partner

Joint Owner/Trustee/Partner

Check one form of ID:

Check one form of ID:

- Driver's license
- Resident Alien ID (Green Card)
- Passport
- Other: (Describe) _____

- Driver's license
- Resident Alien ID (Green Card)
- Passport
- Other: (Describe) _____

The following information should be recorded exactly as it appears on the identification reviewed

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Street Address (not PO Box) _____

Street Address (not PO Box) _____

City, State, Zip _____

City, State, Zip _____

Number on ID _____ State or Country _____

Number on ID _____ State or Country _____

Identification Expiration Date _____

Identification Expiration Date _____

b. **Entity Verification:** Check the appropriate entity as listed below and submit copies of documentation viewed to gain first-hand knowledge of the existence of a legitimate business. If the Owner is a minor or non-legal entity, review the identification of the individual who submits an application on behalf of the minor or non-legal entity.

- Corporation, LLC, professional association, or professional corporation:** Articles of Incorporation, Organization or Association or similar document filed in the state in which the entity is formed
- Limited Partnership:** Certificate of Limited Partnership or similar document filed in the state where the partnership is formed
- General Partnership or Joint Venture:** Agreement, Joint Venture Agreement or similar agreement governing the formation and operation of the partnership
- Trust and All Other Entities:** Document governing the formation and operation of the entity

3. I certify that I personally met with the proposed Owner(s)/Trustee(s)/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner(s)/Trustee(s)/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(s)/Trustee(s)/Partners is true and accurate.

Reason for not reviewing documents _____

Note: Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

Representative Name _____ Personal Code _____

Representative Signature _____ Date _____



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>ASIA PLUS 7 Annuity–NY</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>ASIA PLUS 10 Annuity–NY</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>WealthQuest Citadel 5 Diamond Annuity–NY</p> <p><input type="checkbox"/> Brochure (Form 10593)</p> <p><input type="checkbox"/> Illustration</p> <p>WealthQuest Citadel 7 Diamond Annuity–NY</p> <p><input type="checkbox"/> Brochure (Form 10597)</p> <p><input type="checkbox"/> Illustration</p> <p>Palladium Multi-Year Guarantee Annuity–NY</p> <p><input type="checkbox"/> Brochure (Form 4884)</p> <p><input type="checkbox"/> Illustration</p>	<p>Palladium Immediate Annuity–NY</p> <p><input type="checkbox"/> Brochure (Form 10273)</p> <p><input type="checkbox"/> Illustration</p> <p>Century Plus Annuity–NY</p> <p><input type="checkbox"/> Brochure (Form 11011)</p> <p><input type="checkbox"/> Illustration</p>
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Life Insurance

<p>Signature Guaranteed Universal Life Insurance–NY</p> <p><input type="checkbox"/> Brochure (Form 10801)</p> <p><input type="checkbox"/> Preliminary Information</p>	<p>Signature Indexed Universal Life Insurance–NY</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>Signature Whole Life Insurance–NY</p> <p><input type="checkbox"/> Brochure (Form 10916)</p> <p><input type="checkbox"/> Illustration</p>
--	--	--

3 Other Sales Material

If any other sales material used, please list:

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

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: _____

Annuity Contracts	Policy # 1	Policy # 2
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:		
Life Contracts	Policy # 1	Policy # 2
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:		
Annual Premium Amt At Present: 5 Years Hence: 10 Years Hence:		

Surrender Value At Present: 5 Years Hence: 10 Years Hence:		
Death Benefit At Present: 5 Years Hence: 10 Years Hence:		
Dividends 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>ASIA PLUS 7 Annuity–NY</p> <input type="checkbox"/> Brochure (Form ANY-10773) <input type="checkbox"/> EIA Disclosure (Form ANY-208) <input type="checkbox"/> Rate Lock Procedure (Form ANY-10789) <input type="checkbox"/> Illustration	<p>WealthQuest Citadel 5 Diamond Annuity–NY</p> <input type="checkbox"/> Brochure (Form 10593) <input type="checkbox"/> Illustration	<p>Palladium Immediate Annuity–NY</p> <input type="checkbox"/> Brochure (Form 10273) <input type="checkbox"/> Illustration
<p>ASIA PLUS 10 Annuity–NY</p> <input type="checkbox"/> Brochure (Form ANY-10774) <input type="checkbox"/> EIA Disclosure (Form ANY-208) <input type="checkbox"/> Rate Lock Procedure (Form ANY-10789) <input type="checkbox"/> Illustration	<p>WealthQuest Citadel 7 Diamond Annuity–NY</p> <input type="checkbox"/> Brochure (Form 10597) <input type="checkbox"/> Illustration	<p>Century Plus Annuity–NY</p> <input type="checkbox"/> Brochure (Form 11011) <input type="checkbox"/> Illustration
	<p>Palladium Multi-Year Guarantee Annuity–NY</p> <input type="checkbox"/> Brochure (Form 4884) <input type="checkbox"/> Illustration	

Life Insurance

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

3 Other Sales Material

If any other sales material used, please list:

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.

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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LAD10071 | 08-23

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WHAT IS THE PURPOSE OF THIS GUIDE?

This guide has been designed to assist you in completing the Annuity Best Interest—Suitability Questionnaire / USA PATRIOT Act Form as well as provide you with a better understanding of why American National needs this information.

WHY IS THIS IMPORTANT?

All recommendations for the purchase or exchange of an annuity product should be in the consumer's best interest based on information **known by the insurance agent at the time the recommendation is made**. Prior to making a recommendation for the purchase or exchange of an annuity product, the insurance agent should make a reasonable effort to obtain suitability information from the consumer regarding his or her insurance needs and financial objectives. Insurers are also required to determine the suitability of a transaction for your client.

To assist you in gathering necessary information, we have given you the Annuity Best Interest—Suitability Questionnaire / USA PATRIOT Act Form. This form has carefully crafted questions that can provide you with a clear picture of your client's needs, financial objectives and financial status, so you can be confident in making your recommendation.

Failure to fully complete this form will result in delays in processing and/or rejection of the application.

AMERICAN NATIONAL NEEDS YOUR HELP!

One thing to consider is that we were not in the room when you spoke to the client about this transaction. So when we review the annuity contract forms, we may be getting only part of the conversation. Therefore, American National needs your help putting the pieces together to make the annuity transaction go smoothly for you, your client and for us. Here are a few things to remember when submitting an annuity application to American National.

1. Have you taken the annuity product-specific training that American National requires each insurance agent to complete prior to selling annuities for American National? If not, be sure to complete this training prior to submitting any annuity contract applications.
2. Have you or your client filled out all of the required annuity contract forms? Any forms that have not been completely filled out may delay processing. Your client will also be required to initial any updates to the forms. So, make sure that all documentation is in good order prior to submitting the application do alleviate processing delays.
3. Remember that less is not always more. Providing us with any additional information about the transaction will assist us in understanding your rationale for making the recommendation. This will also cut down on phone calls and/or emails to obtain additional information about the transaction and avoid unnecessary delays.



This symbol, used throughout the guide, will help point out important areas that may need extra attention. You are encouraged to include a cover letter and the Agent's Acknowledgment section when a situation requires extra detail.

INSURANCE AGENT’S GUIDE TO THE ANNUITY BEST INTEREST—SUITABILITY QUESTIONNAIRE / USA PATRIOT ACT FORM

OWNER/JOINT OWNER INFORMATION SECTION

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 _____ _____	Work Status: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	
Joint Owner/Grantor/Partner (if applicable) _____	Age _____	Relationship to Owner _____

HOW TO FILL OUT THIS SECTION:

Please include all information related to the owner or joint owner.

If the owner is an entity or non-natural owner: Use the entity's or non-natural owner's information to complete the form.

If the owner is not currently employed please be sure to include additional information about the owner's source of income in the agent's acknowledgment section.

- All questions in this section must be answered. If the client has no dependents please indicate with 0 or N/A. Any answer left blank will be considered unanswered and will generate a follow up for clarification.
- Non-Spousal Joint Owners must complete separate forms for each person.
- If the owner will be a Trust or non-natural owner, please be sure to indicate the relationship to the annuitant.

IMPORTANT: The Owner Name field must be completed in all instances.

FINANCIAL PROFILE SECTION

An insurance agent must ask a consumer/applicant questions concerning his or her:



- household income
- approximate gross annual income;
- estimated net worth (excluding primary residence, furnishings, automobiles);
- liquid net worth;
- liquidity needs;
- financial situation and needs, including the financial resources used to fund the annuity;
- financial experience;
- financial objectives;
- intended use of the annuity;
- financial time horizon;
- existing assets, including currently-owned life insurance and annuities;
- risk tolerance;
- tax status.

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.

QUESTION 1

1. 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. |

WHY IS THIS IMPORTANT? Knowing your client's investment experience helps show if this transaction is one that they would normally enter into and if they have an understanding of the product and transaction.

QUESTION 2

2. In considering this product, what is your risk tolerance?

- Conservative (Low Risk) Moderately Conservative Moderate Moderately Aggressive
 Aggressive (High Risk)

WHY IS THIS IMPORTANT? A customer's risk tolerance reflects the degree to which they are willing to risk losing money for the potential of large gains. Younger people normally can be more aggressive with their investing because they have longer to recoup their losses. Seniors are generally more conservative because they are interested in making sure they have enough funds for living expenses for the rest of their lives.

QUESTIONS 3 & 4

3. Annual Gross Income \$ _____

4. Source of Income (Check all that apply)

- Salary (W-2) Investments Social Security Pension Plans Reverse Mortgage
 Self-Employed Other _____

WHY IS THIS IMPORTANT? Knowing a client's annual household income, and how they obtain that income, can tell you if they have enough funds to cover everyday expenses. Knowing the household income of an **unemployed** client is especially important because it helps you evaluate the whole picture.

If source of income is Disability SSI: Note on Other line.

QUESTION 5

5. What type of investments and insurance products do you currently own?

- Mutual Funds Stocks Bonds CDs Savings Accounts 401(k) Plans Fixed Annuities
 Term Life Whole Life Variable Annuities Variable Life Insurance
 Equity Indexed Life Insurance Equity Indexed Annuities Other _____

WHY IS THIS IMPORTANT? Knowing what investments or insurance products that your client currently owns gives you a broader picture of your client's financial situation and knowledge. You will be able to tell if there are any investments that your client owns that are easily liquidated should there be an emergency.

QUESTIONS 6 - 8

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

WHY IS THIS IMPORTANT? Annuities have surrender charges. It is important that your client be able to provide for their current living expenses and any expenses that occur because of an emergency or unexpected medical issue.



Liquid Net Worth: any investments or other assets that can be easily converted to cash without incurring penalties (include the funds used to purchase this annuity.)

Reverse Mortgages should not be included in this amount.

QUESTION 9

9. What is your estimated Federal Income Tax Bracket?

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

WHY IS THIS IMPORTANT? The client's tax status can be an indicator as to what the client is trying to accomplish with this annuity and is also an indicator of their income and relative affluence.

If the client is in a higher tax bracket: they may be purchasing the annuity as a means to defer their tax burden. If a client is a senior and indicate that they have only have social security as their income yet check that they are in a higher tax bracket, you might be missing information that is important to this transaction.

In the instance of a replacement, you need to be mindful of any tax consequences that might occur due to this transaction.

QUESTION 10

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

- Yes No

WHY IS THIS IMPORTANT? For purposes of conducting a proper analysis, funds from a reverse mortgage should not be included in a consumer's liquid net worth.



Funds from a reverse mortgage generally should not be used to purchase an annuity.

QUESTIONS 11 - 12

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 _____

WHY IS THIS IMPORTANT? Due to the high costs associated with Assisted Living Facilities and Nursing Homes, it is important to understand your client's need for funding for these services in the near future. It may be unwise to lock up money in an annuity with surrender charges. Your client may; however, be using an annuity as a means to distribute funds to family members in order to meet Medicaid requirements to assist in the costs for these facilities.

If response to question 11 or 12 is YES: Please confirm if owner has long-term care insurance. If not, please explain how the cost of Assisted Living Facility or Nursing Home will be covered in the space for Question 16p.

QUESTION 13

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 _____

Selecting Immediate Income: Immediate income should only be selected if the client is considering the purchase of a Single Premium Immediate Annuity. Deferred annuities will not result in immediate income.

Selecting Post Purchase Liquidity: This should **NOT** be selected if the client is considering the purchase of a Single Premium Immediate Annuity.

Selecting Option for Lifetime Income: This should only be selected if the client is considering the purchase of a deferred annuity or a life-contingent Single Premium Immediate Annuity.

TRANSACTION INFORMATION SECTION

QUESTION 14

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.)

WHY IS THIS IMPORTANT? There are tax penalties and surrender charges if premature annuity distributions are taken. These questions are applicable to all products with the exception of the Single Premium Immediate Annuity. 14b must always be answered regardless of client's age.

QUESTION 15

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 _____

CHECK ALL THAT APPLY.

WHY IS THIS IMPORTANT? Before recommending an annuity for purchase, the insurance agent should review the current financial situation to determine if the product being proposed will help the consumer attain those goals and objectives.

Financial goals and objectives include:

- retirement planning,
- education for children,
- gifts or donations,
- long-term health care and
- anything else that might assist the consumer in itemizing major plans for the future.

If the source of funds is an Inherited IRA: Check Other and list.

If the source of funds is a Gift, provide answers to the following questions:

- If the product is a Single Premium Immediate Annuity and is being funded by way of a gift, does the gifting party understand that the SPIA product can be commuted by request of the owner?
- Since the annuity is being funded by way of a gift, does the gifting party understand that the annuity may be surrendered by request of the owner?
- Please provide details about the financial condition of the gifting party. After making the gift, will the gifting party have adequate liquid net worth for living expenses and emergency needs such as medical expenses?

EXCHANGES/REPLACEMENTS SECTION

The insurance agent should consider the following when making a recommendation that involves the **REPLACEMENT** of another annuity contract or life insurance product, or the **EXCHANGE** from another financial instrument:

- Surrender Charges
- Minimum Guaranteed Interest Rates
- Product Features
- Premium Enhancements
- Tax consequences

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.

QUESTION 16

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)

THIS IS A TWO PART QUESTION. PLEASE ANSWER BOTH PARTS.

- Both questions asked on Question 16 must be answered regardless of whether or not the proposed annuity is a replacement.
- If an exchange of annuity has occurred within the last 36 months, please provide whether you were the agent of record, and what were the benefits to the client.

WHY IS THIS IMPORTANT? You must be able to establish that there is no churning. When your sale involves the replacement of an existing life insurance or annuity contract, American National also reviews the case to determine if the replacement is appropriate. Any additional details that may help American National determine that the proposed contract supports a financial benefit to the client should be included in the **AGENT'S ACKNOWLEDGMENT** section, or on a separate page.

QUESTIONS 16: A

	Replaced	Proposed
a. Is there a surrender charge? If Yes, list the current dollar amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Not Applicable

If replacing penalty free amount and no surrender charges apply, select No as the answer to the question.

WHY IS THIS IMPORTANT? Will the client incur surrender charges because of this transaction? If so, will the amount of the surrender charges be offset by benefits and determined earnings from the proposed contract? It is important to be realistic and not try to predict the future of potential earnings.

QUESTIONS 16: B

b. What is the remaining Surrender Charge Period? _____ Yrs. _____ Yrs.

- How many years are left in the surrender charge period of the current contract?
- Will the surrender charge period of the new annuity contract be a longer period of time?

For MYG Annuity: Do not list the guaranteed period for the remaining surrender charge period (e.g. MYG 5 has a 5-year guarantee period but a 10-year surrender schedule).

For SPIA: A SPIA uses a commutation schedule rather than a surrender schedule. List the years remaining in the commutation schedule.

WHY IS THIS IMPORTANT? For example, if your client has only a few years, or no years, left in the surrender charge period in their existing annuity, it is difficult to justify putting them in a contract that may have a 7 or 10 year surrender charge period.

QUESTIONS 16: C

c. Is the replaced/proposed contract qualified or non-qualified? Qualified Non-Qualified Qualified Non-Qualified

Note: Roth IRA is considered as qualified funds.

WHY IS THIS IMPORTANT? Helps determine whether or not the client will incur tax consequences due to the transaction or any future transactions related to the purchase of this annuity.

QUESTIONS 16: D

d. 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. No Yes _____ \$ or % For Yrs. No Yes _____ \$ or % For Yrs.

ASK YOURSELF:

- Does the new annuity contract offer a premium enhancement or bonus interest?
- Will the client be charged for the bonus or premium enhancement with either higher surrender charges or longer surrender charge periods?
- How many years must the annuity be kept to fully earn the premium enhancement or bonus?
- For Example: American National NY deferred annuity contracts with an initial premium greater than or equal to \$100,000 receive an interest rate enhancement of an additional 10 basis points.

QUESTIONS 16: E

e. Is there a Premium Enhancement or Bonus Recapture Charge? In other words, will the premium enhancement or bonus be forfeited? No Yes \$ _____ No Yes \$ _____

ASK YOURSELF: Is the bonus or premium enhancement subject to "recapture" or forfeiture if the client prematurely surrenders the new annuity contract?

QUESTIONS 16: F - G

f.	Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	No
g.	If there is a Market Value Adjustment (MVA), then what is the amount and is it positive or negative?	(Pos.) \$ _____ (Neg.) \$ _____	Not Applicable

If the funds are to be requested upon maturity of the replaced contract and MVA no longer applies, select No.

ASK YOURSELF: Will the client incur a Market Value Adjustment (MVA) if they surrender their contract prior to the time-frame provided in their contract?

WHY IS THIS IMPORTANT? If the MVA is negative, an MVA charge will occur and that amount will be deducted from the annuity and it will be harder to justify replacement. If the MVA is positive, the client will receive additional funds when surrendering the annuity which might offset any surrender charges or other fees incurred.

FOR EXAMPLE: Surrendering the policy when market interest rates are higher than the annuity's guaranteed rate can result in the annuity contract owner receiving more money than anticipated for the contract. If the annuity must be surrendered when market interest rates are lower than the guaranteed interest rate, the contract owner will receive less than anticipated from the contract.

QUESTIONS 16: H

h.	What is the Minimum Guaranteed Interest Rate over the life of the contract? (i.e. required by state law and in the contract)	_____ %	_____ %
----	--	---------	---------

The Minimum Guaranteed Interest Rate is an interest rate that the insurer will credit as the minimum interest rate that is required by state law.

WHY IS THIS IMPORTANT? Depending on when the contract was purchased, the interest rate may be higher or lower than the Minimum Guaranteed Interest Rate proposed in the proposed contract.

QUESTIONS 16: I - J

i.	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 _____ %
j.	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%



FIXED ANNUITY TO FIXED ANNUITY: COMPLETE QUESTION 16-I

If the client is NOT moving from one fixed annuity to another fixed annuity please mark N/A in question 16-I and complete question 16-J.

ASK YOURSELF: Without including enhancements, what is the declared rate that the insurance company is offering for the product? This is the rate above and beyond the Minimum Guaranteed Interest Rate. Please note, because indexed annuities depend on the market to establish the interest rate, there is a possibility that the consumer may not earn additional interest in a given year.

QUESTIONS 16: K

k.	Is there an Annual Surrender Charge Free Withdrawal Privilege? —Year available for proposed contract?	<input type="checkbox"/> No	<input type="checkbox"/> No
		<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> Yr.1 <input type="checkbox"/> Yr.2

CHOOSE YES IF the contract offers an opportunity for the client to withdrawal funds from the annuity without penalty and indicate the percentage of the annuity amount can they withdrawal.

QUESTIONS 16: L - O

l.	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
m.	Is there a Terminal Illness Waiver/Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
n.	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
o.	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.)	\$ _____	\$ _____

WHY IS THIS IMPORTANT? These questions review the benefits that may be gained or lost when purchasing the new annuity. Products vary from company to company and often have different riders and benefits so it is important for you to understand what your client will be losing or gaining in a replacement transaction.

- **If there is a rider:** Submit a recent statement that includes rider values and benefits.
- **If owner is non-natural or an entity questions L and M** are not applicable.
- **If the application is signed by power of attorney:** The waiver is not available.

RECOMMENDATION SUMMARY, ACKNOWLEDGMENT AND SIGNATURES SECTION

The insurance agent must carefully complete this recommendation section. Make sure that the form is **COMPLETELY** filled out so that you do not incur delays in issuance of the annuity contract because of lack of information.

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 ACKNOWLEDGMENT AND SIGNATURES

Owner/Trustee/Partner

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives. I acknowledge and accept:

- That with a fixed deferred annuity that interest crediting rates are subject to change after the initial guaranteed period and may be more or less than the initial crediting rate(s),
- That if applying for an indexed annuity
 - That only the minimum interest crediting rate is guaranteed;
 - That additional interest crediting is not guaranteed and is tied to an index; and
 - That interest crediting caps and participation rates are subject to change at the discretion of the company.

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

WHY IS THIS IMPORTANT? When you sign the Annuity Best Interest —Suitability Questionnaire / USA PATRIOT Act Form you are acknowledging that the annuity is suitable and in the best interest of your client.



Please note: If there is any missing information, the consumer will be required to initial and date all changes.

USA PATRIOT ACT NOTICE



Separate USA PATRIOT Act Notices are required for each owner/trustee/partner.

6 USA PATRIOT Act Notice To be read by or to customer	
<p>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.</p> <p>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.</p>	
<p>► 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.</p>	
Name of Owner/Trustee/Partner	Name of Joint Owner/Trustee/Partner (if applicable)
Street Address (Not P.O. Box)	Street Address (Not P.O. Box)
City State	City State
Zip Date of Birth	Zip Date of Birth
Number on ID	Number on ID
Identification Expiration Date	Identification Expiration Date
State or Country	State or Country
Form of ID used to verify the identification of the Owner/Trustee/Partner:	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): _____	<input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID "Green Card" <input type="checkbox"/> Other (describe): _____
<p>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).</p> <p> <input type="checkbox"/> Corporation, LLC, Professional Association <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership or Joint Venture <input type="checkbox"/> Trust and All Other Entities </p> <p>2. Insurance Agent Acknowledgement (check one):</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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: _____</p>	
<p>► 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.</p>	
x _____ Insurance Agent Signature	_____ Date: Month / Day / Year

SPECIAL NOTE ON POWER OF ATTORNEY (POA):

- The USA Patriot Act is required on the POA when signing on behalf of an owner.
- The USA Patriot Act is required for BOTH owner and POA if the owner is acting adjacent to the POA and has the ability to transact business on the account.
- The USA Patriot Act is required on only the POA if the POA was established because the owner has been declared incompetent by a court of law and cannot transact business on the account.

FORMS OF IDENTIFICATION

If the ID has a P.O. Box for the address: Submit an additional form of acceptable ID that has the physical address.

Forms of Identification that are accepted:

- ✓ State Issued Driver's License
- ✓ State Issued Identification Card
- ✓ State Issued Permit to Carry a Concealed Handgun
- ✓ Resident Alien ID (Green Card)
- ✓ Fully Signed Passport
- ✓ U. S. Issued Travelers Visa
- ✓ U. S. Post Office Employee ID
- ✓ Mexican Driver's License (provided it is issued by one of the 31 states or federal district)
- ✓ Work Visa
- ✓ United States Military/Military Dependent ID
- ✓ NASA Employee ID
- ✓ U.S. Department of Labor Employee ID
- ✓ U.S. Department of Corrections Employee ID
- ✓ DC Department of Transportation Employee ID
- ✓ United States Veterans Affairs ID
- ✓ Country of Guam Driver's License
- ✓ Employee ID for Bureau of Indian Affairs
- ✓ New York State Learner's Permit

Forms of Identification that are NOT accepted:

- ✗ Matricula Consular ID
- ✗ Registro Federal de Elector
- ✗ Tarjeta de Elector
- ✗ Library Cards
- ✗ Gym ID Cards
- ✗ Oklahoma Asbestos Worker Licenses
- ✗ Application for EIN
- ✗ Native American Tribal Enrollment Card
- ✗ Foreign driver's license unless accompanied by passport verification
- ✗ International Driver's License

ALTERNATE WAYS TO ESTABLISH IDENTITY

Names & addresses on Proof of Address documents must match those submitted on new business applications. If the parent, spouse, or partner is also the owner or beneficiary and their documentation matches the address on the application, we can accept this documentation.

If an alternate form of identification is accepted, the company must also use Accurint or some other venue to confirm Social Security Number. All related documentation should be imaged to the client's file.

- ✓ Utility bills showing current address (Cannot be more than 2 months old; Excludes cell phone bills)
- ✓ Vehicle registration
- ✓ Documentation from the IRS
- ✓ Statements or other reports from recognized financial institutions issued since May 2006 and issued no more than twelve months prior to the application date.
- ✓ School ID Cards (age 18 and under)
- ✓ DC Public School Employee ID
- ✓ W2 Payroll Stub
- ✓ Employee ID Cards (Prior to this form of identification being deemed acceptable, Corporate Compliance must be contacted to research what type of identification requirements and background checks are in place as part of the hiring process at the employer. Employment Verification may also be required.)

GLOSSARY

ANNUAL GROSS INCOME – Total amount of earned income by the owner of the annuity. In cases of trusts, the amount can be the total amount of just the trust or the trust and the grantor of the trust combined.

LIQUID NET WORTH – The total amount of funds or assets available to the owner of the annuity that can readily be turned into cash without penalty.

MARKET VALUE ADJUSTMENT – A feature that combines the fixed interest rate guarantees in an annuity with an interest rate adjustment factor that can cause the surrender value of the annuity to fluctuate either positively or negatively in response to market conditions.

MINIMUM GUARANTEED INTEREST RATE – For a fixed annuity, the minimum interest rate the insurer guarantees to pay on the accumulated value of the annuity for the life of the contract. The minimum rate is almost always stated when the annuity policy is issued, and usually ranges from 1.5% to 3%.

NON-QUALIFIED ANNUITY – An annuity purchased outside of a tax-advantaged retirement plan or an IRA.

QUALIFIED ANNUITY – An annuity that qualifies to receive favorable tax treatment and is purchased to either fund or distribute funds from a qualified retirement plan.

RISK TOLERANCE – The degree to which a person or organization is willing to accept risk.

REVERSE MORTGAGE – A loan under the terms of which a homeowner, who continues to live in and own a home as his/her primary residence, borrows against the equity in his home but is not required to repay the principal and interest during the loan's term. During this time the owner is still responsible for taxes and homeowner's association fees on the home. The funds are repaid at the owner's death.

REPLACEMENT – (As defined by the Suitability in Annuity Transactions Model Regulation)

A transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing insurance agent, or to the proposing insurer

if there is no insurance agent, then by reason of the transaction, an existing policy or contract has been or is to be:

1. Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated;
2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of non-forfeiture benefits or other policy values;
3. Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
4. Reissued with any reduction in cash value; or
5. Used in a financed purchase.

SUITABILITY INFORMATION – (As defined by the Suitability in Annuity Transactions Model Regulation)

Information that is reasonably appropriate to determine the suitability of a recommendation, including the following:

1. Age;
2. Annual Income;
3. Financial situation and needs, including the financial resources used for the funding of the annuity;
4. Financial experience;
5. Financial objectives;
6. Intended use of the annuity;
7. Financial time horizon;
8. Existing assets, including investment and life insurance holdings;
9. Liquidity needs;
10. Liquid Net Worth
11. Risk tolerance; and
12. Tax status
13. Reverse Mortgages (Minnesota)

TRUST – A legal arrangement whereby one or more persons – called the trustees – hold legal title to property on behalf of another person – called the beneficiary – and are responsible for administering the property for the benefit of the trust beneficiary.

Withholding Certificate for Periodic Pension or Annuity Payments

2024

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
--	-------------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Trust Certification
American National Life Insurance Company of New York

Mailing Address Phone Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408
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) 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

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 _____
Signature of Insured/Annuitant | x _____
Signature of Joint Annuitant (for Immediate Annuities) |
| x _____
Signature of Owner (if other than Annuitant) | x _____
Signature of Joint Owner (if other than Annuitant) |
| x _____
Signature of Guarantee (if Required) | x _____
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.



Qualified Transfer or Rollover 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 Trustee to Trustee Transfer or Direct Rollover of qualified accounts. Complete either section 3 for Transfers or section 4 for Direct Rollovers. 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:

_____ | _____

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.
If Inherited IRA, the Owner and Annuitant's name must be in the following format: Deceased IRA Holder Name FBO Living Beneficiary Name.
Joint Annuitants are only accepted on Immediate Annuities.

2. Complete This Section for Transfer Requests and Direct Rollover Requests

[] Total, Full Liquidation \$ _____ [] Partial, _____ % or \$ _____

Please send these funds to American National Life Insurance Company of New York

[] Immediately [] Effective Date: ____/____/____

3. Only Complete This Section for Transfer Requests

IRA/TSA Transfer into an annuity contract of the same qualification type (i.e. TSA, IRA, or both ROTH IRA) Transfer of a non-spousal inherited IRA is only permitted if the original IRA owner's date of death was prior to January 1, 2020.

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

- Tax-Sheltered Annuity (IRC Section 403(b)) ROTH I.R.A. or Annuity (IRC Section 408)
Individual Retirement Account or Annuity (IRC Section 408) SEP IRA
Inherited Individual Retirement Account or Annuity Governmental 457 Deferred Compensation Plan
Qualified Employer Plan (IRC Section 401) (This may include Pensions, Profit-Sharing Plan, 401(K))

By signing below, I authorize the transfer of the qualified assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations, and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.

X _____
Signature of Owner Date

X _____
Signature of Agent Date

X _____
Signature of Guarantee (if required) Date

Signature Requirements:

- Custodian - Custodian must sign with 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.
Pension Plan - Trustee of the plan must sign and have Trustee designation next to name.

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

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