



Annuity Service Request Form

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

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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



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For Use With the Following Companies

American National Insurance Company American National Life Insurance Company of New York
American National Life Insurance Company of Texas Standard Life and Accident Insurance Company
Business is conducted in New York by American National Life Insurance Company of New York, headquartered in Glenmont, New York.

1 Existing Policy Information

Policy Number	Annuitant	
_____	_____	
Owner	Phone Number	Email
_____	_____	_____
Joint Owner	Phone Number	Email
_____	_____	_____

► **NOTE:** The existing owner and joint owner (if applicable) must authorize all changes or requests by providing their signature in Section 10.

2 Change of Name

Only complete this section if the annuitant, owner, or beneficiary's name has changed. Please complete section 4 for a Change of Annuitant, section 5 for a Change of Ownership, or section 6 for a Change of Beneficiary.

Annuitant Owner Beneficiary

Current Name			Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order <input type="checkbox"/> Correction <input type="checkbox"/> Other _____
First Name	M.I.	Last or Non-Natural Entity Name	
_____	_____	_____	
New Name			
First Name	M.I.	Last or Non-Natural Entity Name	
_____	_____	_____	

3 Change of Address
 Annuitant Owner Beneficiary
Old Address

Mailing Address _____

City _____

State _____

ZIP _____

New Address

Mailing Address _____

City _____

State _____

ZIP _____

4 Change of Annuitant**Only applies to contracts where a death benefit is not paid upon annuitant's death.****I/We hereby request that the annuitant be changed:****From**

Name _____

Date of Birth _____

 SSN ITIN EIN

Mailing Address _____

City _____

State _____

ZIP _____

To

Name _____

Date of Birth _____

 SSN ITIN EIN

Mailing Address _____

City _____

State _____

ZIP _____

5 Change of Ownership

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

Complete this section to change the Owner:

Existing Owner's Information

First Name _____ M.I. _____ Last or Non-Natural Entity Name _____
 Date of Birth _____ SSN ITIN EIN
 Mailing Address _____ City _____ State _____ ZIP _____

New Owner's Information

First Name _____ M.I. _____ Last or Non-Natural Entity Name _____
 Date of Birth _____ SSN ITIN EIN
 Mailing Address _____ City _____ State _____ ZIP _____

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

Existing Joint Owner's Information (if Joint Owner is changing)

First Name _____ M.I. _____ Last or Non-Natural Entity Name _____
 Date of Birth _____ SSN ITIN EIN
 Mailing Address _____ City _____ State _____ ZIP _____

New Joint Owner's Information

First Name _____ M.I. _____ Last or Non-Natural Entity Name _____
 Date of Birth _____ SSN ITIN EIN
 Mailing Address _____ City _____ State _____ ZIP _____

6 Change of Beneficiary

If naming more than one individual or a class, complete the Supplemental Application – Additional Beneficiary Page for Annuity (Form Series 10073-2).

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

Name of Primary Beneficiary

First Name _____ M.I. _____ Last or Non-Natural Entity Name _____
 Date of Birth _____ SSN ITIN EIN _____ Relationship to Annuitant _____
 Mailing Address _____ City _____ State _____ ZIP _____

Name of Contingent Beneficiary

First Name _____ M.I. _____ Last or Non-Natural Entity Name _____
 Date of Birth _____ SSN ITIN EIN _____ Relationship to Annuitant _____
 Mailing Address _____ City _____ State _____ ZIP _____

7 Distribution Request

A 10% Pre-Mature Distribution Penalty may be assessed if the owner of this contract is under age 59½. Please refer to a tax consultant for further information.

- ▶ **Important Notice:** Your request to borrow, surrender or withdraw funds from your annuity contract may affect your contract values; including, but not limited to, your guaranteed and non-guaranteed elements, face amount and/or surrender of your contract.
- ▶ **Note:** All disbursement requests will be distributed as a secure ACH remittance. No paper checks will be issued. Please submit a void check with this form unless you already have this information on file. Deposit Slips will not be accepted.

Partial Withdrawal **Gross** **Net** (If no selection gross will be the default)
 I hereby request a one-time withdrawal for \$ _____ (\$250 minimum)

10% Free Withdrawal **Systematic** **One-time Only**
 I hereby request withdrawal of the annuity value as of the beginning of the contract year.

Interest Only Systematic Withdrawals
 I hereby request interest withdrawals from the contract on a systematic basis.

Fixed Amount Systematic Withdrawals **Gross** **Net** (If no selection gross will be the default)
 I hereby request systematic withdrawals in the amount of \$ _____ from the contract on a systematic basis.

Contract Surrender
 I hereby request a surrender of the entire contract for its full cash surrender value. Contract must accompany this form if this option is selected. If contract has been lost or destroyed, please initial here _____.

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

Monthly Quarterly Semi-annual Annual Date of First Payment _____

8 Withholding Instructions

The distribution or withdrawal elected above may be subject to Federal, and potentially State, income tax withholding. Withholding will only apply to the portion of your distribution or withdrawal that is included in your taxable income. **If you do not make an affirmative withholding election below, Federal income tax will be withheld at the default rate of 10%.** If you have too little tax withheld, you will generally owe tax when you file your tax return, and you may owe a penalty unless you make timely and sufficient payments of estimated tax throughout the year. If you have too much tax withheld, you will generally be due a refund when you file your tax return. You should consult with your personal financial or tax advisor with respect to the tax implications of your distribution or withdrawal.

- Do not withhold taxes. I understand I am responsible for the payment of estimated taxes and that I may incur penalties if my payments are not enough.
- I want to have _____% Federal Income Tax withheld from the taxable amount of the distribution.
- I want to have _____% State Income Tax withheld from the taxable amount of the distribution. (If applicable)

Taxpayer Identification Number _____ SSN ITIN EIN

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

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding.
 - (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest/dividends.
 - (c) The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

9 State Specific Fraud Language

For California Residents:

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

10 Signatures

The policy owner must sign this form. **Please sign with any applicable designation such as trustee, Power of Attorney, Partner, etc.** For ownership changes, the present policy owner and new policy owner must sign this form. When a change of ownership or beneficiary is occurring in a community property state, the spouse must also sign this form. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. The effective date of this request will be the date received in the Administrative Office of American National Insurance Company.

X _____
Signature of Current Owner (Required)

Date: Month / Day / Year

X _____
Signature of Joint Owner (If applicable)

Date: Month / Day / Year

X _____
Signature of Spouse (If applicable)

Date: Month / Day / Year

X _____
Signature of New Owner (If applicable)

Date: Month / Day / Year

X _____
Signature of New Joint Owner (If applicable)

Date: Month / Day / Year

X _____
Signature of Witness

Date: Month / Day / Year

For Home Office Use Only

American National Insurance Company has recorded the change requested.

Dated On _____ **By** _____
EFFECTIVE DATE **REGISTRAR**