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Supplemental Application – Additional Beneficiary Page for Annuity

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

* B E N E A P P *

Owner First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____ ☐ SSN ☐ ITIN ☐ EIN ____

1 ADDITIONAL BENEFICIARY DESIGNATION

A Date of Birth or SSN is required for each beneficiary. Complete an 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.

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Owner: ____

First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____ Gender: ☐ M ☐ F

Date of Birth ____ Trust Date ____ ☐ SSN ☐ ITIN ☐ EIN ____ Telephone ____

Resident Address ____ City ____ State ____ ZIP ____

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Owner: ____

First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____ Gender: ☐ M ☐ F

Date of Birth ____ Trust Date ____ ☐ SSN ☐ ITIN ☐ EIN ____ Telephone ____

Resident Address ____ City ____ State ____ ZIP ____

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Owner: ____

First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____ Gender: ☐ M ☐ F

Date of Birth ____ Trust Date ____ ☐ SSN ☐ ITIN ☐ EIN ____ Telephone ____

Resident Address ____ City ____ State ____ ZIP ____

2 SPECIAL INSTRUCTIONS FOR ADDITIONAL BENEFICIARY DESIGNATIONS

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FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I declare that the above information is true and complete to the best of my knowledge and belief and shall form a part of my application.

____ **Date:** Month / Day / Year

x____ **Signature of Owner**

x____ **Signature of Producer or Witness**

x____ **Signature of Joint Owner/Trustee/Partner**

3 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.