



IRA/TSA Required Minimum Distribution Election 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.

Important Information

Use this form to authorize American National Insurance Company to automatically pay you an annual withdrawal to satisfy IRS Required Minimum Distribution requirements. If you choose our Automatic Withdrawal Option our automated system will calculate your annual lifetime required amount based on the 2002 Final Regulations. Distributions will be deposited into an account of your choice. A voided check must accompany this form.

1 Owner Information, if Different from Annuitant

Policy Number	Social Security Number		
_____	_____		
First Name	M.I.	Last Name	Date of Birth
_____	_____	_____	_____
Street Address	City		State ZIP
_____	_____		_____
Phone Number	Email Address		
_____	_____		

2 Annuitant Information

Social Security Number			

First Name	M.I.	Last Name	Date of Birth
_____	_____	_____	_____
Street Address	City		State ZIP
_____	_____		_____

3 Life Expectancy Calculation (Check A or B)

- A. _____ Single Life Expectancy (Unless you qualify for and would like to elect "B" below, this is the only option available to you.) This indicates that the RMD is based only upon the contract owner's life factor and will be calculated using the Uniform Lifetime Table as permitted by the IRS.
- B. _____ Joint Life Expectancy - Recalculated annually (This option is only available if your spouse is your sole primary beneficiary and is more than 10 years younger than you.)

Name of Spouse _____

Date of Birth _____

Social Security Number _____

4 Distribution Payment Instructions

- **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.**

Would you like to participate in our automated required distribution program?

- A. _____ Yes. Please automatically re-calculate and send my distribution each year.
- B. _____ No. I only want to take this year's required distribution.
- C. _____ No. I wish to satisfy my RMD from other source.

If you selected option A or B, please indicate the start date and frequency for which you would like to receive your distribution payments. If no frequency is selected, the default will be Annual.

_____ **Start Date:** Month / Day / Year

Frequency: Annual Semi-annual Quarterly Monthly

5 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

5 Withholding Instructions, Continued

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).

6 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.

7 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