



# Change of Ownership Form

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

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**Overnight Address** Mail Processing Center, Attn: LIS 3257, 1949 E. Sunshine St.,  
Springfield, MO 65899-0001 / **Phone** 1-800-899-6806  
**Mailing Address** Mail Processing Center, P.O. Box 3257, Springfield, MO 65808-3257



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## 1 Company Selection

- American National Insurance Company
- American National Life Insurance Company of Texas
- Garden State Life Insurance Company
- American National Life Insurance Company of New York
- Standard Life and Accident Insurance Company

## 2 Instructions

Please print or type information.

Use of this form revokes all previous ownership designations for the below-noted policy.

Review Sections 11, 12, and 13 of this form before completing the form.

**All Current Ownership Signatures of are captured in Section 9 of this form.**

**All New Ownership Signatures of are captured in Section 10 of this form.**

New Owner Identification Section must be completed in Sections 14 and 15 of this form. If a copy of the new Owner's photo ID is not provided, then verification of the photo ID must be made by a Notary Public or the agent/producer in Section 15 below.

## 3 Current Information

Insured/Annuitant's First Name	M.I.	Last Name	Policy/Contract
_____	_____	_____	_____
Owner's First Name	M.I.	Last Name	
_____	_____	_____	

## 4 New Primary Owner

First Name	M.I.	Last Name		
_____	_____	_____		
Date of Birth	SSN/TIN	Relationship to Insured/Annuitant		
_____	_____	_____		
Street Address	City		State	ZIP
_____	_____		_____	_____
E-mail Address	Telephone			
_____	_____			

**5 New Contingent Owner**

First Name	M.I.	Last Name		
Date of Birth	SSN/TIN	Relationship to Insured/Annuitant		
Street Address	City		State	ZIP
E-mail Address	Telephone			

**6 Premium Payor**

► **NOTE:** The Premium Payor will automatically default to the new Owner unless otherwise specified below in this section.

First Name	M.I.	Last Name		
Date of Birth	SSN/TIN	Relationship to Insured/Annuitant		
Street Address	City		State	ZIP
E-mail Address	Telephone			

► **CAUTION:** If policy/contract is paid by pre-authorized check and the bank account is changing, also submit a new Pre-Authorized Payment Plan-Authorization Form.

**7 Special Requests**

► **NOTE:** Please enter any special instructions or requests in the space below.

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**8 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.**

**9 Current Ownership Signatures**

I (We) transfer all of my (our) rights, title and interest in the policy/contract identified above. I (We) also certify that the policy/contract is not assigned to anyone, unless identified here, and that no proceedings of bankruptcy or insolvency have been filed or are currently being filed against me (us). The Company or its affiliates reserves the right to require additional information as needed.

X \_\_\_\_\_  
**Signature of Owner**

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

\_\_\_\_\_  
**Title if Corporate Officer, Trustee, or Power of Attorney**

\_\_\_\_\_  
**Print Agent or Witness's Full Name** (Required in MA ONLY)

X \_\_\_\_\_  
**Signature of Agent or Witness** (Required in MA ONLY)

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

**10 New Ownership Signatures**

I (We) certify the information provided is complete and accurate. I (We) also certify that:

- This form shows my correct social security number (SSN) or taxpayer identification number (TIN);
- I am not subject to any backup withholding because (1) I am exempt from backup withholding; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen or U.S. resident alien.

X \_\_\_\_\_  
**Signature of New Owner**

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

\_\_\_\_\_  
**Title if Corporate Officer, Trustee, or Power of Attorney**

\_\_\_\_\_  
**Print Agent or Witness's Full Name** (Required in MA ONLY)

X \_\_\_\_\_  
**Signature of Agent or Witness** (Required in MA ONLY)

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

**For Home/Administrative Office Endorsement Only**

Agency Code 1- _____	CSSD Code 2- _____	City _____	State _____
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Processor's First Name _____	M.I. _____	Last Name _____	Date _____
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This request has been recorded at the Home/Administrative Office of American National or its affiliates.

Effective Date of Change  
 \_\_\_\_\_

## 11 General Information

This form may be used to change ownership designation on your policy/contract. When properly completed, the new designation will then take effect as of the date the signature requirements were satisfied. Such a change does not affect any payment made or other action taken by the Company or its affiliates before this form is received at the Home/Administrative Office.

Sample ownership designations are as follows:

**Single Owner:** Jane Doe, spouse or Jane Doe, Insured/Annuitant

**Multiple Owners:** Mary Doe and Richard Doe, children

**Corporate Owner:** XYZ Company, Inc, employer

**Partnership Owner:** ABC Company, a partnership

**Trust:** The Jane Doe Trust dated MM/DD/YYYY (All Trust designations must include a Trust Date)

We suggest a contingent owner designation whenever the primary owner is a person **other than** the insured/annuitant. The contingent owner has **no** rights unless the primary owner dies before the insured/annuitant. In addition, this form provides that the final owner is the estate of the last surviving owner of the policy/contract. Should the primary owner die before the insured/annuitant and no contingent owner is named, a Deceased Ownership Change Form and court-related documents are required to name a new primary owner for the policy/contract.

If the Insured/Annuitant is a juvenile, a contingent owner **MUST** be named in addition to a primary owner.

After the form is processed, an endorsed copy will be kept on file with the Home/Administrative Office.

Retain a copy of this form for your records prior to mailing.

## 12 Required Owner Information

► **NOTE:** Please complete the change of ownership in accordance with the sample designations above. **Then sign (see signature requirements below) and date the form in the presence of a disinterested witness or agent. (Required in MA ONLY)**

All ownership designations must include the following for each Owner:

1. Full Legal Name (First Name, M.I., and Last Name)
2. Date of Birth
3. Social Security Number (SSN) or Taxpayer Identification Number (TIN)
4. Relationship to Insured/Annuitant
5. Address
6. E-mail Address
7. Telephone
8. A New Owner Identification Verification form for the new owner

**A change of ownership will not be accepted unless it is accompanied by a properly signed and completed New Owner Identification Verification.**

Once complete, mail this form to: Mail Processing Center, P.O. Box 3257, Springfield, MO 65808-3257.

## 13 Signature Requirements

1. The current Owner must sign the form to transfer ownership; if more than one owner, all owners must sign.
2. The newly designated owner(s) must sign the form to accept the ownership transfer.
3. If one is designated, the signature of an irrevocable beneficiary is required.
4. If a policy/contract is or will be corporately owned, an officer of the corporation must sign with full name and **Corporate Title**.
5. If a policy/contract is or will be owned by a partnership, any partner may sign with full name and title of **Partner**.
6. If a policy/contract is or will be owned by a Trust, a trustee must sign with full name and title of **Trustee**.

**14 New Owner Identification Verification** Review and record information from a current government issued photo ID. Include a copy of the ID.

**▶ Check one form of photo ID.**

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

**▶ Record information exactly as it appears on ID reviewed.**

First Name	M.I.	Last Name		
Street Address		City	State	ZIP
Date of Birth	Number on ID	State or Country	Identification Expiration Date	

**15 Signature of Agent/Producer or Notary Public for New Owner Identification Verification**

Notary public or Agent/Producer is REQUIRED if a copy of the ID is not available.

**▶ CAUTION:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**▶ Agent/Producer**

I certify that I personally met with the Proposed Owner and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the Proposed Owner.

Agent/Producer's Name (please print) _____	Agent/Producer's Number _____
X _____	_____
<b>Agent/Producer's Signature</b>	<b>Date:</b> Month / Day / Year

**▶ Notary Public**

Before me, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_, known to me or proved to me through \_\_\_\_\_ to be the person whose name is subscribed on the foregoing instrument and acknowledged to me that he/she executed the same for the purposes therein contained.

Given under my hand and seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_ State

X \_\_\_\_\_

**Signature of Notary Public**