



Policy Service Request (LIFE POLICIES ONLY)

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	
<input type="checkbox"/> American National Insurance Company	<input type="checkbox"/> American National Life Insurance Company of New York
<input type="checkbox"/> American National Life Insurance Company of Texas	<input type="checkbox"/> Standard Life and Accident Insurance Company
<input type="checkbox"/> Garden State Life Insurance Company	

2 Current Information			
Insured's First Name	M.I.	Last Name	Policy Number
Owner's First Name	M.I.	Last Name	Date of Birth
Owner's Street Address		City	State ZIP
E-mail Address		Telephone	SSN/TIN*

*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).

► **NOTE:**
You may be subject to penalties under the estimated tax payment rules if enough tax has not been paid through either your estimated tax payment or withholding.

3 Loan, Schedule Loan Repayment, or Partial Surrender

(Complete this section, and then complete Section 6.)

▶ IMPORTANT NOTICE:

Your request to borrow or partially surrender funds from your policy will affect your policy values, including, but not limited to, your guaranteed and non-guaranteed elements, face amount, and/or the surrender value of your policy. Review policy's loan or partial surrender provision before electing an option. Under certain circumstances, loans and withdrawals could create a taxable event.

■ Process Loan**Loan Amount**

- Specified Amount \$ _____ Maximum Loan
- Premium Loan Number of premium(s) _____ to be paid on this policy for a total amount of \$ _____.

■ Schedule Loan Repayment

Specified Amount \$ _____ (\$15 minimum unless otherwise noted in your policy contract)

▶ NOTE:

- Repayment method will use the same as existing policy's billing method.
- Any unpaid loan balance may affect the policy's death benefit, the policy values, and possibly the length of time the policy remains in force.

■ Process Partial Surrender

- Specified Amount \$ _____ Maximum Partial Surrender

▶ NOTE: Only applies to Universal Life, Single Premium Life, or CSSD Annuity Rider.**4 Dividend Options**

Complete this section if you are requesting to change Dividend Options or withdraw Dividend Values.

■ Change Dividend Option

- Option 1: Pay in Cash Option 2: Reduce Premium Option 3: Accumulate at Interest
- Option 4: Paid-Up Additional Insurance Option 5: _____

■ Withdraw Dividend Values (Complete this section, and then complete Section 6.)

- All Dividend Value Specified Dividend Amount of \$ _____

▶ NOTE: If Paid-Up Additional Insurance is surrendered, the Company or its affiliates are released from liability on the amount surrendered.**5 Surrender/Cancellation** (Complete this section, and then complete Section 6.)

- By checking this box, I declare that my policy has been lost, misplaced, or destroyed.

Surrender:

- I hereby request cancellation of this policy and payment of its surrender value. Such payment is acknowledged as full payment of all claims under the policy. Such cancellation shall be effective immediately, with the surrender value computed as of a date no later than the end of the policy month in which this request was received by the Company or its affiliates at its Home/Administrative Office. No premium paid for any period beyond the date this request is signed shall be used for any purpose other than computing the surrender value.
- I understand my policy does not have any cash surrender value. I hereby request cancellation of this policy.
NOTE: Any premium drafts or billing will discontinue once cancellation or surrender request has been processed.

6 Application of Values

Apply distributions from policy as follows:

- Pay to Owner: Check will be mailed to current address
 Special Handling: _____

7 Non-forfeiture Option

I hereby request that my policy be placed in a non-premium paying status and the value of the policy be used to purchase: Reduced Paid-Up Insurance Extended Term Insurance

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 Signatures

X _____
Signature of Owner

Date: Month / Day / Year

X _____
Signature of Additional Owner (if Any)

Date: Month / Day / Year

X _____
Signature of Beneficiary (if Irrevocable)

Date: Month / Day / Year

X _____
Signature of Collateral Assignee (if Assigned)

Date: Month / Day / Year

X _____
Agent Witness Signature

Date: Month / Day / Year

For Home/Administrative Office Endorsement Only

Agency Code 1- _____	CSSD District Office 2- _____	City _____	State _____
Processor's First Name _____	M.I. _____	Last Name _____	Date _____

This request has been recorded at the Home/Administrative Office of American National or its affiliates.