Pre-Authorized Deductions - Date Change Form

NF

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

* P A C *

Mail Processing Center: P.O. Box 3257, Springfield, MO 65808-3257 Phone Number: (800) 899-6806
For Variable Contracts
Mailing Address: P.O. Box 1893, Galveston, TX 77553-1893 Phone Number: (800) 306-2959
Overnight Address: One Moody Plaza, Galveston, TX 77550-7947

Policy Numbers	Insured(s)
Policy Numbers	Insured(s)
Policy Numbers	Insured(s)
Policy Numbers	Insured(s)
Policy Numbers	Insured(s)

I hereby request that you make pre-authorized deductions for the premiums on the above referenced policy(s) against my bank account on the ____ day of each month in which premiums are due.

I am aware that the premiums on this policy are due on the ____ day of each month. I understand that a portion of the grace period available to me under the terms of the policy will have expired prior to the date the pre-authorized deduction is made and that, should a pre-authorized deduction not be honored by my bank, there will not be sufficient time for me to be notified before the grace period expires.

I hereby declare and agree that your compliance with this request shall not be considered a waiver of your right to receive timely payment of any of the premiums and shall not be construed as an extension of the grace period past the due date of any premiums. I understand and agree that you may discontinue such practice at any time and without notice to me.

In consideration of your honoring this request, either for one month or for a period of months, I do hereby, on my behalf of my heirs, legal representatives, successors or assigns expressly stipulate and agree to indemnify and hold forever harmless the American National Insurance Company against any claims, demand or action that may hereafter at any time be made or brought against you by my beneficiaries or by any other person for the purpose of enforcing a claim under said policy, if at the time of my death, the policy, by its terms, is without value by virtue of the fact that one of more premiums have not been paid on the due date of such premium or premiums as reflected by the policy.

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.

Policy Owner Signature	Date
Witness Signature	Date
Address of Witness	