



Address/Contact Information Changes and/or Duplicate Policy/Certificate Request

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

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



1 American National Company Selection

NOTE: Check the box for The Company to which this request applies.

- 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
- 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	
_____		_____	

3 Change of Address/E-mail Address/Telephone

The change(s) below in this section apply to (check one):

- Insured Owner Other: _____

Change of Address

New Address

Resident Address	City	State	ZIP
_____	_____	_____	_____
Mailing Address (<input type="checkbox"/> Same as Resident Address)	City	State	ZIP
_____	_____	_____	_____

Old Address

Resident Address	City	State	ZIP
_____	_____	_____	_____
Mailing Address (<input type="checkbox"/> Same as Resident Address)	City	State	ZIP
_____	_____	_____	_____

Add/Change E-mail Address (optional)

- Add Change

New E-mail Address

Add/Change Telephone (optional)

- Add Change

New Telephone

_____ Home Cell
 _____ Home Cell

4 Change of Name

► **NOTE:** Use this section to indicate a legal name change due to marriage, divorce, adoption, etc., or to correct spelling errors or omissions. For a name change, include a copy of driver's license or other proof of legal name.

Change the name of (check one): Insured Owner Other: _____

From: First Name _____ M.I. _____ Last Name _____

To: First Name _____ M.I. _____ Last Name _____

Reason for change of name (check one):
 Correction Marriage Divorce Other: _____

► **CSSD AGENT ONLY:** Please review the proof and indicate your review by signing below.

Signature of CSSD Agent/Producer

5 Duplicate Policy/Certificate

I (we) have lost the original policy and request The Company selected in Section 1 to issue:

A LIFE insurance Certificate of Insurance. Payment of \$3.00 by check or money order must be included.

A duplicate **LIFE** or **HEALTH Insurance Policy.** Payment of \$15.00 by check or money order must be included.

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

x _____
Signature of Owner **Date:** Month / Day / Year

x _____
Signature of Additional Owner (if applicable) **Date:** Month / Day / Year

For Home/Administrative Office Endorsement Only

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

This request has been recorded at the Home/Administrative Office of The Company selected in Section 1.