



Application for Individual Annuity

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

F

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



Page 1 of 6

1 Owner If IRA or TSA, the owner and annuitant must be the same person.

Type of Ownership ☐ Individual ☐ Trust ☐ Custodian ☐ Corporation ☐ Pension Plan ☐ Charity

First Name	M.I.	Last or Non-Natural Entity Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Address		City	State	ZIP
Mailing Address (<input type="checkbox"/> Same as Resident Address)		City	State	ZIP
Email Address		Telephone		

► **NOTE:**

- If a trust, corporation, or charity is named as owner, a copy of the trust agreement or corporate resolution must be provided.
- If Inherited IRA, the owner's name must be in the following format: Deceased IRA Holder Name FBO Living Beneficiary Name. Inherited IRA is only allowed for spouse beneficiary.
- A non-spousal Inherited IRA is only permitted if the Original IRA Owner's date of death was prior to January 1, 2020.
- The number shown in this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me.)

2 Joint Owner Not available with qualified plans.

Relationship to Owner:

First Name	M.I.	Last or Non-Natural Entity Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Address		City	State	ZIP
Mailing Address (<input type="checkbox"/> Same as Resident Address)		City	State	ZIP
Email Address		Telephone		

- **NOTE:** If a trust, corporation, or charity is named as owner, a copy of the trust agreement or corporate resolution must be provided.

3 Annuitant Complete if different than owner. If IRA or TSA, the owner and annuitant must be the same person.

First Name	M.I.	Last Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Address		City	State	ZIP
Mailing Address (<input type="checkbox"/> Same as Resident Address)		City	State	ZIP
Email Address		Telephone		

4 Beneficiary Designation

A Date of Birth or SSN is required for each beneficiary. Complete Additional Beneficiary Page if additional space is needed. Unless otherwise specified, all beneficiaries in the same class will share equally. Allocations must total up to 100% and must be indicated in whole percentages.

<input type="checkbox"/> Primary	Percent Payable <input type="text"/> %	Relationship to Owner:	<input type="text"/>
First Name	M.I.	Last Name or Non-Natural Entity Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	
Resident Address		City	State ZIP
Telephone			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Percent Payable <input type="text"/> %	Relationship to Owner:	<input type="text"/>
First Name	M.I.	Last Name or Non-Natural Entity Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN	
Resident Address		City	State ZIP
Telephone			

5 Applied For Annuity

Not all products may be available in all states. Check product availability for your state.

Name of Individual Annuity Product: _____

► **NOTE: A signed copy of the product disclosure signature page must be submitted.**

■ Qualified If qualified, check the type of plan applied for.
(Simple IRA's not available.) Inherited IRA is
only allowed for spouse beneficiary.

■ Non-Qualified

Annuity Type

- ☐ IRA ☐ SEP
☐ Roth IRA ☐ TSA-403b ☐ Inherited IRA
☐ Pension Plan (Profit Sharing or Defined Benefit)
☐ Other _____

6 Premium Payment**If Qualified:****Funding Option**

- ☐ Contribution Tax Year _____
☐ Rollover
☐ Transfer

If Non-Qualified:**Funding Option**

- ☐ Cash with Application
☐ 1035 Exchange
☐ Non-1035 Exchange

If Cash with Application or Qualified Contribution

Amount: \$ _____

► **NOTE: Check must be payable to American National Insurance Company. If purchasing a flexible annuity and you plan to use EFT for subsequent premiums, please include a check in the amount of the initial premium and complete Section 7.**

If Rollover / Transfer / 1035 Exchange / Non-1035 Exchange

Rollover Amount: \$ _____ Transfer Amount: \$ _____
 1035 Exchange Amount: \$ _____ Non-1035 Exchange: \$ _____

Total Expected Premium

Amount: \$ _____

7 Flexible Annuity Products - Billing Data

Mode: ☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly Amount: \$ _____
Method: ☐ Direct ☐ EFT (Attach Voided Check) ☐ Government Allotment ☐ Salary Deduction*

► **NOTE: EFT is not available for initial premium, only subsequent premiums are drafted. The minimum EFT amount is \$100.**

***Complete for Salary Deduction selection:**

Franchise Name: _____ Franchise Number: _____

8 Premium Payor Complete if different than owner.

First Name	M.I.	Last Name or Non-Natural Entity Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Trust Date	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> EIN		
Mailing Address	City	State	ZIP	
Email Address	Telephone			

9 Equity Indexed Annuity Allocation

Only complete for applicable annuity products when appropriate. Indexed crediting strategies are based on the declared index. Whole percentages must be used. The total percent must equal 100%.

When you buy an Equity Indexed annuity, you are not buying an ownership interest in any stock or index. Interest earnings are paid at a rate that is related to the performance of the Declared Index. Dividends paid on the stocks on which the index is based do not increase your annuity earnings. Past performance of the index is no guarantee of future results.

► **NOTE: The Indexed Crediting Strategies listed below are subject to availability. Your agent can confirm which Indexed Crediting Strategies are currently available.**

Indexed Crediting Strategies are based on the Declared Index. When allocating premiums, whole percentages must be used and the total must equal 100%.

Indexed Crediting Strategies:**Point to Point Allocations** (Minimum \$100 Per Allocation)

	Participation Rate	Cap Rate	Percentage
S&P 500® Index One Year Point to Point Performance with a Cap.....	100%	_____ %	_____ %
S&P 500® Index One Year Point to Point Performance with a Cap.....	50%	_____ %	_____ %
S&P 500® Index One Year Point to Point Uncapped.....	_____	N/A %	_____ %
S&P MARC 5% Index One Year Point to Point Uncapped.....	_____	N/A %	_____ %
NASDAQ-100 Index® One Year Point to Point Performance with a Cap.....	100%	_____ %	_____ %

Monthly Sum Allocation (Minimum \$100 Per Allocation)

	Monthly Cap Rate	Percentage
S&P 500® Index One Year Total Sum Performance with Monthly Cap.....	_____ %	_____ %

Annual Allocations (Minimum \$100 Per Allocation)

	Interest Rate	Percentage
One Year Declared Rate.....	_____ %	_____ %
S&P 500® Index One Year Performance with Specified Rate	_____ %	_____ %
Total (must equal 100%)		_____ %

10 Optional Rider Selection

Available at issue only. Not all riders may be available in all states. Check rider availability for your state.

Strategy Plus Indexed Annuity

- ☐ Lifetime Income Rider - Fixed Rate Only
- ☐ Lifetime Income Rider - Fixed Rate Plus Index Credits

Century Plus Annuity

- ☐ Lifetime Income Rider - Fixed Rate Only

11 Immediate Annuity Income Options

Single Life Payout Options

- ☐ Life Only
 ☐ Life with Certain Period ____ years (5 – 20)
- ☐ Certain Period ____ years (5–30)
 ☐ Fixed Amount for ____ years or \$ ____

Cost of Living Adjustment is not available with these options:

- ☐ Life Cash Refund
 ☐ Life Installment Refund

Joint Life Payout Options

- ☐ Joint to Survivor Life
 ☐ Joint to Survivor with Certain Period for ____ years (5–20)
- ☐ Joint to Spouse Life
 ☐ Joint to Spouse with Certain Period for ____ years (5–20)
- ☐ Payments to surviving annuitant will reduce after the first death to: ☐ 50% ☐ 60% ☐ 66.67% ☐ 75% ☐ Remain at 100%
 (for Joint Life to Spouse payout, reduction will only occur if the primary annuitant is the first to die.)

Optional Cost of Living Adjustment

- ☐ Compound Interest at 3%

Joint Life Annuitant Information (if applicable)

First Name _____	M.I. _____	Last Name _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth _____		<input type="checkbox"/> SSN <input type="checkbox"/> ITIN _____		
Resident Address _____	City _____	State _____	ZIP _____	
Mailing Address (<input type="checkbox"/> Same as Resident Address) _____	City _____	State _____	ZIP _____	
Email Address _____	Telephone _____			

Payment Information

All payments are made by electronic payment (EFT). **Attach Voided Check.**

Frequency of Payments: ☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual

Date Payments to Start: _____ (within 12 months)

► NOTE:

- **A completed W-4P form is required.**
- **If you are subject to IRS backup withholding submit a completed W-9 form.**

12 Total Insurance / Annuities In Force On Owner

- ☐ Yes ☐ No Do you have existing life insurance or annuity coverage with this or any other company?
- ☐ Yes ☐ No Will the annuity applied for replace, change, or use cash values of any existing life insurance or annuity contract in force with this or any other company?

If Yes, producer must provide and complete the appropriate replacement form.

13 Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

14 Application Agreements

By signing this application I agree to the following:

- If applying for an Equity Indexed annuity, I understand that:
 - I am applying for an Equity Indexed annuity. While the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments; I am not buying an ownership interest in any stock or index.
 - Any values shown, other than guaranteed minimum values, are not guarantees, promises, or warranties.
- I have read the application and all statements and answers as they pertain to me and such statements and answers are true and complete to the best of my knowledge and belief;
- The statements and answers in this application are the basis for any contract issued by American National and no information about any person in the application will be considered to have been given to American National unless it is stated in the application;
- I understand that the producer does not have American National's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of this application or the contract;
- American National Insurance Company will have no liability until:
 - A contract is issued on this application and delivered to and accepted by the Owner; and
 - The first premium due is paid in full while each proposed owner and annuitant is alive;
- I understand that federal law requires sufficient information to identify the parties to the purchase of an annuity, and that failure to provide such information could result in the annuity contract not being issued, delayed, unprocessed transaction requests, or termination.

Date: Month / Day / Year

X _____
Signature of Annuitant

X _____
Signature of Owner (if other than Annuitant)

X _____
Signature of Producer

Signed in (State)

X _____
Signature of Joint Annuitant (for Immediate Annuities)

X _____
Signature of Joint Owner/Trustee/Partner



Producer's Report

Issued by American National Insurance Company / 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



1 Producer's Report

► NOTE: These questions must be answered in every case:

- ☐ Yes ☐ No Does the owner have existing life insurance or annuity coverage with this or any other company?
- ☐ Yes ☐ No As Producer, do you have knowledge or reason to believe that the annuity applied for replaces, changes, or uses cash values of any existing life insurance or annuity contract in force with this or any other company?
If Yes, Producer must provide and complete the appropriate replacement form.
- ☐ Yes ☐ No **Do you have an appointment in progress or hierarchy change submitted?**

Product and Commission Selection

Please select the product being applied for and the desired commission option. If no option is selected, the default option will be Option A.

Trail commissions begin in policy year two and continue for as long as the policy is in force. Trail commissions are based upon a percentage of the policy account value. See commission schedule for percentage paid.

Select ONE product

- ☐ ANICO Strategy Indexed Annuity PLUS 10
☐ ANICO Strategy Indexed Annuity PLUS 7

Select ONE commission option

- ☐ Option A: Level Commissions
☐ Option B: Asset-based Trail Commissions

Producer Information

_____	x _____	_____
Print Producer's Name	Producer's Signature	Producer PC Number, SSN, or TIN
_____	2— _____	_____
Telephone Number	Email Address	CSSD District Code CSSD Agency Number

Producers Commission Split

List Name and Personal Code of all Producers, besides yourself, entitled to any commission with appropriate percentage.

_____	_____ % _____
Print Producer's Name	Personal Code
_____	_____ % _____
Print Producer's Name	Personal Code



California Disclosure Statement for:
Palladium® Multi-Year Guarantee Fixed Annuity - Form MYG16(04)
Individual Single Premium Fixed Deferred Annuity

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

Please read this disclosure carefully, then sign and return the attached statement with your application.
If you have questions about these annuity products, please contact your insurance producer or contact a company representative at 1-800-252-9546.

Thank you for applying for the **Palladium® Multi-Year Guarantee Annuity**. This is a summary document and not part of your Contract with the insurer.

This is an individual single premium fixed deferred annuity. Additional premium payments are not permitted.

An initial premium payment, subject to a minimum of \$ 5,000 and maximum of \$ 1,000,000, is required.

This annuity may offer the following Interest Rate Guarantee Periods (please check the one you are applying for):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Palladium® MYG 3 | <input type="checkbox"/> Palladium® MYG 4 | <input type="checkbox"/> Palladium® MYG 5 | <input type="checkbox"/> Palladium® MYG 6 |
| <input type="checkbox"/> Palladium® MYG 7 | <input type="checkbox"/> Palladium® MYG 8 | <input type="checkbox"/> Palladium® MYG 9 | <input type="checkbox"/> Palladium® MYG 10 |

The Interest Rate Guarantee Periods listed above are subject to availability. Your agent can confirm which Interest Rate Guarantee Periods are currently available.

This annuity has a 9-year Surrender Charge Schedule (see the FEES, EXPENSES, & OTHER CHARGES section of this disclosure for details).

The Palladium® annuity:

- is tax-deferred annuity which means you do not pay taxes on the interest earned until the money is paid to you.
- is intended for long-term accumulation needs, such as retirement planning. They are not meant to be used to meet short-term financial goals.

THE ANNUITY CONTRACT

Who are the parties to the contract?

The Owner. The owner is the person who has the authority to exercise all rights under the contract. Joint Owners are permitted, and if the contract is owned by joint owners, they have equal ownership rights and all owners must authorize any exercise of ownership rights.

The Annuitant. The annuitant is the person on whose life the annuity benefit payments are based.

The Beneficiary. The beneficiary is the person designated to receive the death benefit of the contract.

What is the Maturity Date?

The Maturity Date is the contract anniversary following the Annuitant's 100th birthday. On the Maturity Date, we will pay your contract's Annuity Value to you (see BENEFITS section of this disclosure).

What is my Annuity Value?

The Annuity Value of your contract is equal to the single premium paid; less any applicable federal and/or state premium taxes, plus credited interest, less any Partial Withdrawals and/or systematic withdrawals and their associated Surrender Charges. The Annuity Value is used to determine the annuity payments.

How will my Annuity Value grow?

Your single premium will earn interest at the declared interest rate for the Interest Rate Guarantee Period. After the Interest Rate Guarantee Period, we will credit interest at a rate determined by us annually on each contract anniversary. Interest rates declared after the Interest Rate Guarantee Period may be higher or lower than the current declared interest rate; however, subsequent declared interest rates will never be less than the Minimum Guaranteed Interest Rate specified in your contract.

Interest will be credited to your contract daily on a compound basis based on a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

What are the interest rates?

Declared Interest Rate. This is the interest rate used in crediting interest to your contract. The initial declared interest rate will not change during the Interest Rate Guarantee Period. The declared interest rate DOES NOT include any Additional Interest. After the Interest Rate Guarantee Period, the declared interest rate is subject to change, but can never be less than the Minimum Guaranteed Interest Rate.

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Please retain this page for your records



Minimum Guaranteed Interest Rate. This is the minimum rate of interest that can be used in crediting interest to the contract. This rate is determined on the issue date of the contract and is not subject to change. The Minimum Guaranteed Interest Rate is 1.00%. All interest rates, including any Additional Interest, are specified as annual effective rates of interest. Interest is calculated on a compound method assuming a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

Guaranteed Minimum Cash Surrender Value.

Your contract provides a minimum guarantee should you decide to surrender it. The Guaranteed Minimum Cash Surrender Value is 90% of the single premium, accumulated at the Minimum Guaranteed Interest Rate, minus any Partial Withdrawals and/or systematic withdrawals and premium taxes.

ENHANCEMENT FEATURES AND RIDERS

Additional Interest.

If your single premium is greater than \$ 100,000 but less than \$250,000, we will credit Additional Interest of 0.10% to your contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section.

If your single premium is \$250,000 or greater, we will credit Additional Interest of 0.25% to your contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section.

Special Surrender Option.

At the end of the Interest Rate Guarantee Period, you can Surrender the contract free of Surrender Charges. The request for the Surrender must be made within the 30 day period following the end of the Interest Rate Guarantee Period. The Special Surrender Option applies to a full Surrender only and is not available for Partial Withdrawals or systematic withdrawals.

Riders.

There are no additional or optional riders available.

BENEFITS

How do I get income (payouts) from my annuity?

Prior to the Maturity Date

- You may make one or more Partial Withdrawals for a portion of the Annuity Value subject to a minimum withdrawal amount of \$ 250.
- Systematic withdrawals, subject to a minimum withdrawal amount of \$ 100, are available and may be started at issue or at some predetermined date in the future. Systematic withdrawals may be made for a fixed amount or for the interest that has accrued on the Annuity Value since:
 - The issue date, when the option is selected at issue; or
 - The last withdrawal payment, when the option is active; or
 - Since the contract anniversary.
- You may also Surrender your contract for the Surrender Value and apply all or a part of the Surrender Value to any of the Settlement Options offered under the contract. The minimum amount that may be applied toward a Settlement Option is \$ 5,000.

Any Partial Withdrawal, systematic withdrawal, or Surrender may be subject to a Surrender Charge as discussed in the FEES, EXPENSES, & OTHER CHARGES section of this disclosure.

After the Maturity Date

You may elect to receive the proceeds of your contract as a lump sum payment or in a series of periodic annuity payments under any of the Settlement Options offered under the contract. The minimum amount that may be applied toward a Settlement Option is \$5,000, any amount less than \$5,000 will be paid as a lump sum. If no Settlement Option is elected, the proceeds will be applied to the default option of payments for a fixed number of years. We offer the following Settlement Options:

- Payments for a Fixed Period – Equal periodic payments will be paid for a fixed number of years.
- Payments for a Fixed Period and Life Thereafter – Equal periodic payments will be paid for as long as the Annuitant lives with payments certain for a fixed number of years.
- Payments for Life Only – Equal periodic payments will be paid for as long as the Annuitant lives with no payments certain.
- Payments of a Fixed Amount – Equal periodic payments will be paid. Payments will be paid until the total amount applied to this option plus interest is exhausted.
- Interest Payments – The amount applied will be held at interest with periodic payments of interest.

Continued on next page ...

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Once payments under a Settlement Option begin, you will no longer be able to take withdrawals or surrender your contract. If you select a non-life contingent Settlement Option, you do have the option to commute your remaining periodic annuity payments. Life contingent Settlement Options may not be commuted.

Your financial advisor can help you make the right choice for your needs at the time you elect to receive your annuity proceeds.

What happens after I die?

If you, the Owner, die before the Maturity Date:

- And the sole beneficiary is your spouse or civil union partner, they may elect to continue the contract as the sole owner.
- If not, the Death Benefit (the contract's Annuity Value) becomes payable.

What happens after the Annuitant dies?

If the Annuitant is not the Owner and dies before the Maturity Date:

- If the Owner is not a natural person, the death of the Annuitant is treated as the death of the Owner and the Death Benefit becomes payable.
- If the Owner is a natural person, a new Annuitant may be selected. If a new Annuitant is not selected, the Owner will become the new Annuitant. In the case of Joint Owners, the youngest Owner will become the new Annuitant.

If the Annuitant under a Settlement Option dies:

- Any remaining guaranteed payments will continue in accordance with the Settlement Option in affect at the time of the Annuitant's death.

FEES, EXPENSES & OTHER CHARGES

Surrender Charges

A declining surrender charge schedule applies to any Surrender, Partial Withdrawal, and/or systematic withdrawal in excess of the Surrender Charge Free Withdrawal Amount. The Surrender Charge will follow the schedule shown below.

Surrender Charge Free Withdrawal Amount. 10% of the Annuity Value, as of the beginning of each contract year, may be withdrawn free of Surrender Charges each year.

Contract Year	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10+
Surrender Charge	8%	8%	7%	6%	5%	4%	3%	2%	1%	0%

Example: On your 4th contract anniversary, your Annuity Value is \$ 100,000, and a month later you want to withdraw \$ 15,000.

Since \$ 15,000 is more than the Surrender Charge Free Withdrawal Amount (\$100,000 x 10% = \$10,000), your surrender charge would be \$5,000 x 6% = \$300.

Surrender charges may be waived in the event of disability. Check your Contract for specific details of these waivers.

You may surrender your annuity for its total Surrender Value at any time while the contract is in force. The Surrender Value is the greater of the Annuity Value, less any applicable surrender charge, less any outstanding Rider premiums, and less any applicable federal or state premium taxes which have been deducted; or the Minimum Guaranteed Surrender Value.

Expense Charges.

There are no expense charges associated with this contract.

TAXES

How will payouts and withdrawals from my annuity be taxed?

This will depend on the source of the money you use to purchase your annuity. Federal income tax on annuity earnings is deferred until distributions are taken from the annuity. Distributions taken before age 59 ½ are subject to a 10% tax penalty unless an exception applies. Also, if your state imposes a premium tax, it may be deducted from the money you receive. You may wish to consult a tax professional for further information.

If you purchase your annuity with qualified funds, such as funds from a qualified retirement plan, tax-sheltered annuities, or other qualified sources, you would not have paid income tax on the money used to purchase the annuity, so the payout you receive will be taxable as income.

If you purchase your annuity with non-qualified funds, meaning the money used for the premium(s) did not have any special tax status and would have already been taxed, a portion of the payout you receive will be considered a return of previously taxed principal and excluded from taxation and a portion will be taxed as income.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. You may incur a surrender charge if you make the exchange before

Continued on reverse side ...

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the end of the surrender charge period.

There is no additional tax advantage to purchasing an annuity as a part of a qualified plan, other than the tax advantage provided by the qualified plan itself.

OTHER INFORMATION

What else do I need to know?

- We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will tell you about the changes in writing.
- We pay the insurance producer for selling the annuity to you.
- Your contract provides a 30 day period for you to review your contract after you buy it. If you decide during that time that you do not want it, you can return it by sending a written request to cancel to us, the insurance producer who sold you the contract, or any local agency office. You will receive a refund of your single premium, including any contract fees or charges, minus any partial withdrawals and/or systematic withdrawals and the contract will be void from the beginning.
- You can obtain general information regarding annuities from a free Annuity Buyer's Guide that you can request from American National at 1-800-252-9546.

What should I know about the insurance company?

Established in 1905, American National Insurance Company has been a consistent source of financial strength and long term planning which has earned the respect of its policyowners. American National's financial strength and operating integrity have positioned it as a leader in the insurance industry. American National offers innovative insurance and related financial products, customer-focused service, and ranks among the larger life insurance companies in the United States.

For more information, please visit our website: www.AmericanNational.com

This Disclosure Statement is a summary document and not a part of your contract with American National; it is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. Contact your insurance producer or American National Insurance Company with any questions.

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California Disclosure Statement for:
Palladium® Multi-Year Guarantee Fixed Annuity - Form MYG16(04)
Individual Single Premium Fixed Deferred Annuity

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



OWNER'S STATEMENT

I confirm that I am purchasing the **Palladium® Multi-Year Guarantee Annuity**; an individual single premium fixed deferred annuity with the following Interest Rate Guarantee Period:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Palladium® MYG 3 | <input type="checkbox"/> Palladium® MYG 4 | <input type="checkbox"/> Palladium® MYG 5 | <input type="checkbox"/> Palladium® MYG 6 |
| <input type="checkbox"/> Palladium® MYG 7 | <input type="checkbox"/> Palladium® MYG 8 | <input type="checkbox"/> Palladium® MYG 9 | <input type="checkbox"/> Palladium® MYG 10 |

and a 9-year surrender charge schedule. The single premium will earn interest at the declared interest rate during the Interest Rate Guarantee Period. After the Interest Rate Guarantee Period, interest will be credited a rate determined by American National annually. Declared interest rates will never be less than the Minimum Guaranteed Interest Rate specified in your contract.

This product offers the following enhancement features:

Additional Interest. If the single premium is greater than \$ 100,000 but less than \$250,000, Additional Interest of 0.10% will be credited to the contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section. If your single premium is \$250,000 or greater, we will credit Additional Interest of 0.25% to your contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section.

Special Surrender Option. At the end of the Interest Rate Guarantee Period, you can Surrender the contract free of Surrender Charges. The request for the Surrender must be made within the 30 day period following the end of the Interest Rate Guarantee Period. The Special Surrender Option applies to a full Surrender only and is not available for Partial Withdrawals or systematic withdrawals.

Band 1 - Premium of \$250,000 or greater

- I will receive a guaranteed rate of ____% for the remaining years of the multi-guarantee period.

Band 2 - Premium of \$100,000 to \$249,999 (0.15% less than Band 1)

- I will receive a guaranteed rate of ____% for the remaining years of the multi-guarantee period.

Band 3 - Premium less than \$100,000 (0.25% less than Band 1)

- I will receive a guaranteed rate of ____% for the remaining years of the multi-guarantee period.

All interest rates, including any Additional Interest, are specified as annual effective rates of interest. Interest is calculated on a compound method assuming a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

DISCLOSURE AGREEMENTS AND SIGNATURES

- I have read the applicable Palladium® Multi-Year Guarantee Annuity Product Brochure.
- I have read the Disclosure Statement for the Palladium® Multi-Year Guarantee Annuity and have kept a copy.
- The results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

Name of Annuitant _____

Signature of Owner _____ Date _____

Signature of Joint Owner _____ Date _____

INSURANCE PRODUCER'S STATEMENT

- ☐ I certify receipt of \$ _____ given to purchase a Palladium® Multi-Year Guarantee Annuity contract.
- ☐ 1035 Exchange ☐ Transfer of Funds

I certify that the disclosure material has been presented to the owner(s) and a copy was provided. I have not made statements that differ from this material nor have I made any promises about the expected future values of this contract.

Signature of Insurance Producer

Insurance Producer PC Number, SSN, or TIN (you must provide one)

Not FDIC/NCUA insured	Not a deposit	Not insured by any federal government agency	May lose value
-----------------------	---------------	--	----------------



Notification to Elder Upon Buying Life Insurance or Annuity Products in California

R

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

page 1 of 1

☐ American National Insurance Company
☐ American National Life Insurance Company of Texas



The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this life insurance or annuity may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and that the elder may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

I, _____ hereby acknowledge that I have provided _____ with a copy of the Notification to Elder upon Buying Life Insurance or Annuity Products in California.

Agent's Signature

Date

Owner Signature

Date



NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY AND RECOVERY

For Distribution by Insurers, Agents, and Brokers

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

R

page 1 of 2

☐ American National Insurance Company
☐ American National Life Insurance Company of Texas



State of California—Health and Human Services Agency

Department of Health Care Services

IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

Recovery

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, also may be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

Unmarried Resident

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than \$2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

Married Resident

Community Spouse Resource Allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$126,420 in countable resources.

Minimum Monthly Maintenance Needs Allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$3,161 in monthly income, whichever is greater.

Fair Hearings and Court Orders

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$126,420 in countable resources. The order also may allow the at-home spouse to retain more than \$3,161 in monthly income.

Real and Personal Property Exemptions

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

Real Property Exemptions

- One principal residence. One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.



The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- Real property used in a business or trade. Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

Personal Property and Other Exempt Assets

- IRAs, KEOGHs, and other work-related pension plans. These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- Personal property used in a trade or business.
- One motor vehicle.
- Irrevocable burial trusts or irrevocable prepaid burial contracts.

There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

Please note: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Care Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Care Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement.

To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

I have read the above notice and have received a copy.

☒ Owner's signature

Date

☒ Spouse's signature

Date

☒ Legal representative signature

Date



California - Life or Annuity Comparison Statement

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

NF

page 1 of 1

- ☐ American National Insurance Company
☐ American National Life Insurance Company of Texas



For Internal Replacements.

This form is required pursuant to California Insurance Code **§10509.3 (5) (B)** for all internal replacements. This form must be completed at the time of application and submitted with the application. A copy of this form must be left with the applicant.

APPLICANT INFORMATION

Name _____

Address _____

Telephone _____

Date of Birth _____

EXISTING POLICY OR CONTRACT VALUES

Please provide these policy or contract values for the current policy or contract immediately before the replacement:

Planned Premium _____

Minimum Premium (if applicable) _____

Premium Mode _____

Surrender Value, plus Dividend, if any _____

Death Benefit _____

Outstanding Loan Value _____

REPLACEMENT POLICY OR CONTRACT VALUES

Please provide these policy or contract values for the proposed policy or contract as they would be immediately after the replacement:

Planned Premium _____

Minimum Premium (if applicable) _____

Premium Mode _____

Surrender Value, plus Dividends, if any _____

Death Benefit _____

Outstanding Loan Value _____

This comparison statement was completed in accordance with California Insurance Code **§10509.3 (5) (B)** and a copy was left with the applicant.

Producer's Signature

Date



Disclosure Statement for:
Palladium® Multi-Year Guarantee Fixed Annuity
Individual Single Premium Fixed Deferred Annuity

NF

page 1 of 5

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

Please read this disclosure carefully, then sign and return the attached statement with your application.

If you have questions about these annuity products, please contact your insurance producer or contact a company representative at 1-800-252-9546.

Thank you for applying for the **Palladium® Multi-Year Guarantee Annuity**. This is a summary document and not part of your Contract with the insurer.

This is an individual single premium fixed deferred annuity. Additional premium payments are not permitted.

An initial premium payment, subject to a minimum of \$ 5,000 and maximum of \$ 1,000,000, is required.

This annuity may offer the following Interest Rate Guarantee Periods (please check the one you are applying for):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Palladium® MYG 3 | <input type="checkbox"/> Palladium® MYG 4 | <input type="checkbox"/> Palladium® MYG 5 | <input type="checkbox"/> Palladium® MYG 6 |
| <input type="checkbox"/> Palladium® MYG 7 | <input type="checkbox"/> Palladium® MYG 8 | <input type="checkbox"/> Palladium® MYG 9 | <input type="checkbox"/> Palladium® MYG 10 |

The Interest Rate Guarantee Periods listed above are subject to availability and may not be available in all states. Your agent can confirm which Interest Rate Guarantee Periods are currently available.

This annuity has a 10-year Surrender Charge Schedule and a 10-year Market Value Adjustment period (see the FEES, EXPENSES, & OTHER CHARGES section of this disclosure for details).

The Palladium® annuity:

- is tax-deferred annuity which means you do not pay taxes on the interest earned until the money is paid to you.
- is intended for long-term accumulation needs, such as retirement planning. They are not meant to be used to meet short-term financial goals.

THE ANNUITY CONTRACT

Who are the parties to the contract?

The Owner. The owner is the person who has the authority to exercise all rights under the contract. Joint Owners are permitted, and if the contract is owned by joint owners, they have equal ownership rights and all owners must authorize any exercise of ownership rights.

The Annuitant. The annuitant is the person on whose life the annuity benefit payments are based.

The Beneficiary. The beneficiary is the person designated to receive the death benefit of the contract.

What is the Maturity Date?

The Maturity Date is the contract anniversary following the Annuitant's 100th birthday. On the Maturity Date, we will pay your contract's Annuity Value to you (see BENEFITS section of this disclosure).

What is my Annuity Value?

The Annuity Value of your contract is equal to the single premium paid; less any applicable federal and/or state premium taxes, plus credited interest, less any Partial Withdrawals and/or systematic withdrawals and their associated Surrender Charges and Market Value Adjustments. The Annuity Value is used to determine the annuity payments.

How will my Annuity Value grow?

Your single premium will earn interest at the declared interest rate for the Interest Rate Guarantee Period. After the Interest Rate Guarantee Period, we will credit interest at a rate determined by us annually on each contract anniversary. Interest rates declared after the Interest Rate Guarantee Period may be higher or lower than the current declared interest rate; however, subsequent declared interest rates will never be less than the Minimum Guaranteed Interest Rate specified in your contract.

Interest will be credited to your contract daily on a compound basis based on a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

What are the interest rates?

Declared Interest Rate. This is the interest rate used in crediting interest to your contract. The initial declared interest rate will not change during the Interest Rate Guarantee Period. The declared interest rate DOES NOT include any Additional Interest. After the Interest Rate Guarantee Period, the declared interest rate is subject to change, but can never be less than the Minimum Guaranteed Interest Rate.

Continued on reverse side ...

Please retain this page for your records



Minimum Guaranteed Interest Rate. This is the minimum rate of interest that can be used in crediting interest to the contract. This rate is determined on the issue date of the contract and is not subject to change. The Minimum Guaranteed Interest Rate is 1.00%. All interest rates, including any Additional Interest, are specified as annual effective rates of interest. Interest is calculated on a compound method assuming a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

Guaranteed Minimum Cash Surrender Value.

Your contract provides a minimum guarantee should you decide to surrender it. The Guaranteed Minimum Cash Surrender Value is 90% of the single premium, accumulated at the Minimum Guaranteed Interest Rate, minus any Partial Withdrawals and/or systematic withdrawals and premium taxes.

ENHANCEMENT FEATURES AND RIDERS

Additional Interest.

If your single premium is greater than \$ 100,000 but less than \$250,000, we will credit Additional Interest of 0.10% to your contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section.

If your single premium is \$250,000 or greater, we will credit Additional Interest of 0.25% to your contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section.

Special Surrender Option.

At the end of the Interest Rate Guarantee Period, you can Surrender the contract free of Surrender Charges and Market Value Adjustment. The request for the Surrender must be made within the 30 day period following the end of the Interest Rate Guarantee Period. The Special Surrender Option applies to a full Surrender only and is not available for Partial Withdrawals or systematic withdrawals.

Riders.

There are no additional or optional riders available.

BENEFITS

How do I get income (payouts) from my annuity?

Prior to the Maturity Date

- You may make one or more Partial Withdrawals for a portion of the Annuity Value subject to a minimum withdrawal amount of \$ 250.
- Systematic withdrawals, subject to a minimum withdrawal amount of \$ 100, are available and may be started at issue or at some predetermined date in the future. Systematic withdrawals may be made for a fixed amount or for the interest that has accrued on the Annuity Value since:
 - The issue date, when the option is selected at issue; or
 - The last withdrawal payment, when the option is active; or
 - Since the contract anniversary.
- You may also Surrender your contract for the Surrender Value and apply all or a part of the Surrender Value to any of the Settlement Options offered under the contract. The minimum amount that may be applied toward a Settlement Option is \$ 5,000.

Any Partial Withdrawal, systematic withdrawal, or Surrender may be subject to a Surrender Charge and Market Value Adjustment as discussed in the FEES, EXPENSES, & OTHER CHARGES section of this disclosure.

After the Maturity Date

You may elect to receive the proceeds of your contract as a lump sum payment or in a series of periodic annuity payments under any of the Settlement Options offered under the contract. The minimum amount that may be applied toward a Settlement Option is \$5,000, any amount less than \$5,000 will be paid as a lump sum. If no Settlement Option is elected, the proceeds will be applied to the default option of payments for a fixed number of years. We offer the following Settlement Options:

- Payments for a Fixed Period – Equal periodic payments will be paid for a fixed number of years.
- Payments for a Fixed Period and Life Thereafter – Equal periodic payments will be paid for as long as the Annuitant lives with payments certain for a fixed number of years.
- Payments for Life Only – Equal periodic payments will be paid for as long as the Annuitant lives with no payments certain.
- Payments of a Fixed Amount – Equal periodic payments will be paid. Payments will be paid until the total amount applied to this option plus interest is exhausted.
- Interest Payments – The amount applied will be held at interest with periodic payments of interest.

Continued on next page ...

Please retain this page for your records



Once payments under a Settlement Option begin, you will no longer be able to take withdrawals or surrender your contract. If you select a non-life contingent Settlement Option, you do have the option to commute your remaining periodic annuity payments. Life contingent Settlement Options may not be commuted.

Your financial advisor can help you make the right choice for your needs at the time you elect to receive your annuity proceeds.

What happens after I die?

If you, the Owner, die before the Maturity Date:

- And the sole beneficiary is your spouse or civil union partner, they may elect to continue the contract as the sole owner.
- If not, the Death Benefit (the contract's Annuity Value) becomes payable.

What happens after the Annuitant dies?

If the Annuitant is not the Owner and dies before the Maturity Date:

- If the Owner is not a natural person, the death of the Annuitant is treated as the death of the Owner and the Death Benefit becomes payable.
- If the Owner is a natural person, a new Annuitant may be selected. If a new Annuitant is not selected, the Owner will become the new Annuitant. In the case of Joint Owners, the youngest Owner will become the new Annuitant.

If the Annuitant under a Settlement Option dies:

- Any remaining guaranteed payments will continue in accordance with the Settlement Option in effect at the time of the Annuitant's death.

FEES, EXPENSES & OTHER CHARGES

Surrender Charges

A declining surrender charge schedule applies to any Surrender, Partial Withdrawal, and/or systematic withdrawal in excess of the Surrender Charge Free Withdrawal Amount. The Surrender Charge will follow the schedule shown below.

Surrender Charge Free Withdrawal Amount. 10% of the Annuity Value, as of the beginning of each contract year, may be withdrawn free of Surrender Charges each year.

Contract Year	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11+
Surrender Charge	8%	8%	8%	7%	6%	5%	4%	3%	2%	1%	0%

Example: On your 4th contract anniversary, your Annuity Value is \$ 100,000, and a month later you want to withdraw \$ 15,000.

Since \$ 15,000 is more than the Surrender Charge Free Withdrawal Amount (\$100,000 x 10% = \$10,000), your surrender charge would be \$5,000 x 7% = \$350. This example assumes a Market Value Adjustment of zero.

Surrender charges may be waived in the event of disability, terminal illness or confinement to a licensed treatment facility. Check your Contract for specific details of these waivers.

Market Value Adjustment.

When you make a withdrawal or surrender your contract, we may also increase or decrease the amount you receive based on a Market Value Adjustment (MVA). If interest rates went up after you bought your annuity, the MVA will likely decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive. Any applicable MVA does not apply to withdrawals that are equal to or less than the surrender charge free withdrawal amount, Required Minimum Distributions, or to payments received under the disability, confinement or terminal illness waivers.

You may surrender your annuity for its total Surrender Value at any time while the contract is in force. The Surrender Value is the greater of the Annuity Value, less any applicable surrender charge, modified by any applicable MVA, less any outstanding Rider premiums, and less any applicable federal or state premium taxes which have been deducted; or the Minimum Guaranteed Surrender Value.

Expense Charges.

There are no expense charges associated with this contract.

TAXES

How will payouts and withdrawals from my annuity be taxed?

This will depend on the source of the money you use to purchase your annuity. Federal income tax on annuity earnings is deferred until distributions are taken from the annuity. Distributions taken before age 59 ½ are subject to a 10% tax penalty unless an exception applies. Also, if your state imposes a premium tax, it may be deducted from the money you receive. You may wish to consult a tax professional for further information.

If you purchase your annuity with qualified funds, such as funds from a qualified retirement plan, tax-sheltered annuities, or other qualified

Continued on reverse side ...

Please retain this page for your records



sources, you would not have paid income tax on the money used to purchase the annuity, so the payout you receive will be taxable as income.

If you purchase your annuity with non-qualified funds, meaning the money used for the premium(s) did not have any special tax status and would have already been taxed, a portion of the payout you receive will be considered a return of previously taxed principal and excluded from taxation and a portion will be taxed as income.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. You may incur a surrender charge if you make the exchange before the end of the surrender charge period.

There is no additional tax advantage to purchasing an annuity as a part of a qualified plan, other than the tax advantage provided by the qualified plan itself.

OTHER INFORMATION

What else do I need to know?

- We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will tell you about the changes in writing.
- We pay the insurance producer for selling the annuity to you.
- Your contract provides a 30 day period for you to review your contract after you buy it. If you decide during that time that you do not want it, you can return it by sending a written request to cancel to us, the insurance producer who sold you the contract, or any local agency office. You will receive a refund of your single premium, including any contract fees or charges, minus any partial withdrawals and/or systematic withdrawals and the contract will be void from the beginning.
- You can obtain general information regarding annuities from a free Annuity Buyer's Guide that you can request from American National at 1-800-252-9546.

What should I know about the insurance company?

Established in 1905, American National Insurance Company has been a consistent source of financial strength and long term planning which has earned the respect of its policyowners. American National's financial strength and operating integrity have positioned it as a leader in the insurance industry. American National offers innovative insurance and related financial products, customer-focused service, and ranks among the larger life insurance companies in the United States.

For more information, please visit our website: www.AmericanNational.com

This Disclosure Statement is a summary document and not a part of your contract with American National; it is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. Contact your insurance producer or American National Insurance Company with any questions.

Continued on next page ...

Please retain this page for your records



Disclosure Statement for:
Palladium® Multi-Year Guarantee Fixed Annuity
Individual Single Premium Fixed Deferred Annuity

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page 5 of 5

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



OWNER'S STATEMENT

I confirm that I am purchasing the **Palladium® Multi-Year Guarantee Annuity**; an individual single premium fixed deferred annuity with the following Interest Rate Guarantee Period:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Palladium® MYG 3 | <input type="checkbox"/> Palladium® MYG 4 | <input type="checkbox"/> Palladium® MYG 5 | <input type="checkbox"/> Palladium® MYG 6 |
| <input type="checkbox"/> Palladium® MYG 7 | <input type="checkbox"/> Palladium® MYG 8 | <input type="checkbox"/> Palladium® MYG 9 | <input type="checkbox"/> Palladium® MYG 10 |

and a 10-year surrender charge schedule and market value adjustment period. The single premium will earn interest at the declared interest rate during the Interest Rate Guarantee Period. After the Interest Rate Guarantee Period, interest will be credited at a rate determined by American National annually. Declared interest rates will never be less than the Minimum Guaranteed Interest Rate specified in your contract.

This product offers the following enhancement features:

Additional Interest. If the single premium is greater than \$ 100,000 but less than \$250,000, Additional Interest of 0.10% will be credited to the contract's Annuity Value for duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section. If your single premium is \$250,000 or greater, we will credit Additional Interest of 0.25% to your contract's Annuity Value for the duration of the Interest Rate Guarantee Period as stated in the Contract's Data Section.

Special Surrender Option. At the end of the Interest Rate Guarantee Period, you can Surrender the contract free of Surrender Charges and Market Value Adjustment. The request for the Surrender must be made within the 30 day period following the end of the Interest Rate Guarantee Period. The Special Surrender Option applies to a full Surrender only and is not available for Partial Withdrawals or systematic withdrawals.

Band 1 - Premium of \$250,000 or greater

- I will receive a guaranteed rate of ____% for the remaining years of the multi-guarantee period.

Band 2 - Premium of \$100,000 to \$249,999 (0.15% less than Band 1)

- I will receive a guaranteed rate of ____% for the remaining years of the multi-guarantee period.

Band 3 - Premium less than \$100,000 (0.25% less than Band 1)

- I will receive a guaranteed rate of ____% for the remaining years of the multi-guarantee period.

All interest rates, including any Additional Interest, are specified as annual effective rates of interest. Interest is calculated on a compound method assuming a 365 day year. Any withdrawals, including interest only withdrawals, will reduce the amount of interest credited to your contract.

DISCLOSURE AGREEMENTS AND SIGNATURES

- I have read the applicable Palladium® Multi-Year Guarantee Annuity Product Brochure.
- I have read the Disclosure Statement for the Palladium® Multi-Year Guarantee Annuity and have kept a copy.
- The results shown, other than the guaranteed minimum values, are not guarantees, promises, or warranties.

Name of Annuitant _____

Signature of Owner _____ Date _____

Signature of Joint Owner _____ Date _____

INSURANCE PRODUCER'S STATEMENT

- ☐ I certify receipt of \$ _____ given to purchase a Palladium® Multi-Year Guarantee Annuity contract.
- ☐ 1035 Exchange ☐ Transfer of Funds

I certify that the disclosure material has been presented to the owner(s) and a copy was provided. I have not made statements that differ from this material nor have I made any promises about the expected future values of this contract.

Signature of Insurance Producer _____ Insurance Producer PC Number, SSN, or TIN (you must provide one) _____

NOTE: This Disclosure is intended to be used with Form Series MYG20.

Not FDIC/NCUA insured	Not a deposit	Not insured by any federal government agency	May lose value
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Important Notice to Applicant Replacing an Annuity Contract

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

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page 1 of 1

- ☐ American National Insurance Company
☐ American National Life Insurance Company of Texas



Note: Complete this form when any form of replacement is intended to purchase a new annuity.

Name of Owner: (Print)

Name of Joint Owner: (Print)

Name of Annuitant: (if different from owner)

Replacement takes place when you surrender or otherwise terminate your contract. It is also a replacement if you reduce the value through withdrawals for the purpose of buying additional annuities.

Below are some questions you should consider before making a decision to replace your existing contract. It is to your advantage to obtain additional information before making a final decision, to ensure you understand all the facts.

Have you obtained comparison information regarding your existing contracts from the home office of the insurer or the agent from whom you purchased the existing contract?

Are you aware that surrender charges are likely to start over with a new contract, even though you may be past the surrender charge period on your existing contract? Do you know what new surrender charges you may incur?

Does your current annuity have a guaranteed minimum rate of interest, and if so, do you know what it is? Current rates may not be guaranteed. Do you know the current rate of interest your annuity is earning, as compared to the guaranteed minimum?

You should not take action to terminate or alter your existing contract until after you have examined all the facts surrounding your proposed replacement.

Agent's Statement

List all contracts of any companies used to fund any portion of this sale:

Company:

Contract Number:

Issue Date:

Detail the specific reasons for recommending the proposed replacement of the existing contract (attach a separate page if necessary):

The existing contract does not meet the owner/annuitant's current needs because contract (attach a separate page if necessary):

Name of Agent (Print or Type)

Agent's Signature

Agent's Personal Code

Date

Owner Certification

I hereby certify that I have considered the above information and I understand the consequences of replacing my annuity contract(s):

Name of Owner(s): (Print or Type)

Signature of Owner:

Signature of Joint Owner:

(Date)

Owner's Address: (Street, City, Zip Code)

Copies to Company and the Applicant



Notice Regarding Replacement

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

page 1 of 1

- ☐ American National Insurance Company (ANICO)
☐ American National Life Insurance Company of Texas (ANTEX)



REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

(Applicant's Signature)

(Date)

(Agent's Signature)

(Date)



Annuity Suitability / USA PATRIOT Act Form

Issued by American National Insurance Company / 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



Page 1 of 6

This form is intended to gather your financial information and long-term goals to help your insurance agent form a reasonable belief whether the sale of an annuity is suitable. We will protect and keep your information confidential.

1 Owner Information

If a Trust will be the owner, complete this form using the Trust's financial information. You may include the financial information of the grantor, if living.

Any additional information that provides a more complete understanding of the suitability of a trust arrangement should be included in written form on page 4. All trust documentation must accompany this form.

Full Name of Owner/Grantor/Partner

Age

Marital Status:

☐ Married ☐ Single

Number of Dependents

Ages of Dependents

Work Status:

☐ Part-time ☐ Full-time
☐ Retired ☐ Unemployed

Joint Owner/Grantor/Partner (if applicable)

Age

Relationship to Owner

2 Financial Profile

If joint owners are spousal please provide the household financial information below. If joint owners are not spouses, complete a separate Annuity Suitability Form for each person.

1. Have you had experience with any of the following investments and insurance products? If Yes, how long?

- | | | |
|---|---|---|
| <input type="checkbox"/> Mutual Funds _____ # of yrs. | <input type="checkbox"/> 401(k) Plans _____ # of yrs. | <input type="checkbox"/> Stocks _____ # of yrs. |
| <input type="checkbox"/> Bonds _____ # of yrs. | <input type="checkbox"/> CDs _____ # of yrs. | <input type="checkbox"/> Savings Accounts _____ # of yrs. |
| <input type="checkbox"/> Life Insurance _____ # of yrs. | <input type="checkbox"/> Annuities _____ # of yrs. | <input type="checkbox"/> Other _____ # of yrs. |

2. In considering this product, what is your risk tolerance?

- ☐ Conservative (Low Risk) ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive
☐ Aggressive (High Risk)

3. Annual Gross Income \$ _____

4. Source of Income (Check all that apply)

- ☐ Salary (W-2) ☐ Investments ☐ Social Security ☐ Pension Plans ☐ Reverse Mortgage
☐ Self-Employed ☐ Other _____

5. What type of investments and insurance products do you currently own?

- ☐ Mutual Funds ☐ Stocks ☐ Bonds ☐ CDs ☐ Savings Accounts ☐ 401(k) Plans ☐ Fixed Annuities
☐ Term Life ☐ Whole Life ☐ Variable Annuities ☐ Variable Life Insurance
☐ Equity Indexed Life Insurance ☐ Equity Indexed Annuities ☐ Other _____

2 Financial Profile (Continued)

6. Liquid Net Worth, prior to the annuity purchase you're considering, **(These are assets that can be easily converted to cash without incurring penalty charges. Do not include funds from a reverse mortgage.)**

\$ _____

7. If you purchase an annuity, will your income and liquid net worth be enough for living expenses, including medical expenses and emergencies? ☐ Yes ☐ No
8. If you were to purchase an annuity, how many months of living expenses can your Liquid Net Worth cover?
☐ 1 – 3 months ☐ 4 – 6 months ☐ 7 – 12 months ☐ 13+ months

► **NOTE:** Many financial planners recommend that a person maintain an amount of liquid net worth equal to 3 to 6 months of a person's monthly living expenses in case of emergencies.

9. What is your estimated Federal Income Tax Bracket?

☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%

10. Have you taken or do you intend to take a reverse mortgage in the next 12 months on your personal residence?
☐ Yes ☐ No

11. Are you currently living in or are you planning on living in an Assisted Living Facility within the next 3 years?
☐ Yes ☐ No Please explain _____

12. Are you currently living in or are you planning on living in a nursing home within the next 3 years?
☐ Yes ☐ No Please explain _____

13. Why are you considering the purchase of an annuity? (Check all that apply)

☐ Immediate Income ☐ Stable Growth ☐ Tax Deferral ☐ Estate Planning ☐ Death Benefit
☐ Safety of Principal ☐ Retirement ☐ Potential to earn higher interest related to a market index
☐ Option for lifetime income ☐ Post Purchase Liquidity ☐ Other _____

3 Transaction Information

If this transaction is a Single Premium Immediate Annuity, do not answer questions 14a or b.

14. a) Do you intend to take distributions prior to attaining age 59 ½? ☐ Yes ☐ No

If Yes, please explain what exception you will rely upon to avoid the 10% federal tax penalty.

- b) Do you intend to take withdrawals before the end of the surrender charge period? ☐ Yes ☐ No

If Yes, do you intend to withdraw more than 10% of the annuity value per year? ☐ Yes ☐ No

If Yes, please explain _____

15. What source of funds will you use if you buy an annuity? (Check all that apply)

☐ Savings Account ☐ Money Market ☐ Bank CD ☐ Stocks/Bonds/Mutual Funds ☐ Home Equity Loan
☐ Reverse Mortgage ☐ Annuity ☐ Life Insurance ☐ Retirement ☐ Gift from _____
☐ Other (please list) _____

- a) Will any potential charges or penalties be incurred by using the above funds? ☐ Yes ☐ No

Amount \$ _____

- b) Is the person writing the check other than the proposed owner of the annuity? ☐ Yes ☐ No

Please explain _____

- c) Is the source of funds from a previously owned life insurance policy or annuity contract? ☐ Yes ☐ No

Please explain _____

4 Exchanges / Replacements

In the case of an exchange or replacement the insurance agent must have reasonable grounds to believe that the transaction is suitable taking into consideration the information provided in response to the questions below.

In CA & MN, if a replacement transaction involves a person age 65 or older and a surrender charge is incurred, the purchase must have a substantial benefit over the life of the contract to the consumer.

16. Will the annuity be funded by an Exchange or Replacement?

☐ Yes ☐ No **(If Yes, please complete 16a through 16p.)**

Excluding this proposed transaction, have you exchanged an annuity within the last 36 months, (60 months in CA & MN)?

☐ Yes ☐ No

If Yes, please give this information:

Company Name _____

Product Type (e.g. variable, fixed) _____

		Replaced	Proposed
a.	Is there a surrender charge? If Yes, list the current dollar amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Not Applicable
b.	What is the remaining Surrender Charge Period?	_____ Yrs.	_____ Yrs.
c.	Is the replaced/proposed contract qualified or non-qualified?	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
d.	Is there a Premium Enhancement (Interest Rate Enhancement) or Bonus? If Yes, provide the amount or percentage and how long you will receive this enhancement.	<input type="checkbox"/> No \$ or % For Yrs <input type="checkbox"/> Yes _____	<input type="checkbox"/> No \$ or % For Yrs <input type="checkbox"/> Yes _____
e.	Is there a Premium Enhancement or Bonus Recapture Charge? In other words, will the premium enhancement or bonus be forfeited?	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
f.	Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
g.	If there is a Market Value Adjustment (MVA), then what is the amount and is it positive or negative?	(Pos.) \$ _____ (Neg.) \$ _____	Not Applicable
h.	What is the Minimum Guaranteed Interest Rate over the life of the contract? (i.e. required by state law and in the contract)	_____ %	_____ %
i.	If replacing a fixed product to another fixed product, what is the current base fixed interest rate? (exclude any enhancements)	<input type="checkbox"/> N/A _____ %	<input type="checkbox"/> N/A _____ %
j.	If replacing a fixed or equity indexed product to an equity indexed product what is the base fixed interest rate?	<input type="checkbox"/> N/A _____ %	0%
k.	Is there an Annual Surrender Charge Free Withdrawal Privilege? —Year available for proposed contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ %	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ % <input type="checkbox"/> Yr.1 <input type="checkbox"/> Yr.2
l.	Is there a Confinement Waiver Benefit? If Yes, what is the age limitation for the benefit on the annuity?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age
m.	Is there a Terminal Illness Waiver/Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
n.	Are there any Rider Benefits being replaced and applied for? If Yes, please list type of rider benefits in the additional space on page 4.	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
o.	What is the total amount of fees associated with the Rider Benefits? (Percentages Not Accepted. If there are no fees, please respond N/A or 0.)	\$ _____	\$ _____

► **NOTE:** This question **MUST** be completed for all replacement transactions or risk delay in processing.

16p. Please explain the benefit of the proposed annuity compared to the contract you are replacing.

17. (CALIFORNIA RESIDENTS ONLY) - Do you intend to apply for means-tested government benefits, including but not limited to, Medi-Cal or the veterans' aid and attendance benefit? ☐ Yes ☐ No

Please explain:

18. (CALIFORNIA RESIDENTS ONLY) - If owner is 65 years old or older, was any part of the sales process performed in their home? (If yes, please complete and submit Form 4126) ☐ Yes ☐ No

5 State-Specific Disclosures

► **NOTE:** In CA & MN, completion of all suitability information on this form is required if the owner is a CA or MN resident and a replacement will occur.

► **NEW JERSEY PRODUCERS PLEASE NOTE:** You should maintain in your files any other information you used or considered, not listed above, in making your recommendation.

Prior to selling individual fixed deferred and immediate annuity contracts directly to consumers, the Act requires insurers, insurance producers and non-licensed society producers, representatives or members to make reasonable efforts to obtain and record information regarding:

- the consumer's financial status,
- the consumer's tax status,
- the consumer's investment objectives, and
- any other information considered to be relevant to provide reasonable grounds for believing the annuity is suitable for the consumer.

The form containing this information must be signed and dated by the consumer and must also include information advising the consumer that the sale and suitability of annuities is regulated by the Department of Banking and Insurance and that consumers may obtain assistance from the Department by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at <https://www.state.nj.us/dobi>.

6 Acknowledgement and Signatures

Did you fully complete all the previous suitability questions?

If **YES**, please acknowledge and sign the following:

Owner/Trustee/Partner Section:

I acknowledge that the annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives. If I am exchanging my current annuity, I understand that with this exchange: (1) I am subject to the commencement of a new surrender charge period or commutation schedule; and (2) I will lose the existing contractual benefits.

X _____
Signature of Owner/Trustee/Partner

Date: Month / Day / Year

X _____
Signature of Joint Owner/Trustee/Partner (if applicable)

Date: Month / Day / Year

Insurance Agent Section:

I acknowledge that I have a reasonable belief that the annuity for which the owner is applying for is suitable on the basis of the suitability information provided by the owner and as to his or her financial situation and needs. I have made a reasonable effort to obtain suitability information for the owner as required by law.

X _____
Signature of Insurance Agent

Date: Month / Day / Year

If **NO**, please acknowledge and sign the following:

Owner/Trustee/Partner Section:

I ELECT NOT to provide the information and/or I ELECT NOT to provide answers to certain questions. I acknowledge that I have decided to purchase this annuity without a recommendation from my producer or the Company. I understand that the annuity is a long-term contract with substantial penalties for early withdrawal. I believe that this product meets my financial needs and objectives.

X _____
Signature of Owner/Trustee/Partner

Date: Month / Day / Year

X _____
Signature of Joint Owner/Trustee/Partner (if applicable)

Date: Month / Day / Year

Insurance Agent Section:

The Owner(s) has not provided complete suitability analysis information and has decided to purchase this annuity without my recommendation.

X _____
Signature of Insurance Agent

Date: Month / Day / Year

► NOTE TO INSURANCE AGENT:

You must maintain all documentation regarding this transaction/recommendation for a minimum of 5 years in most states and up to 10 years in certain other states. If any information is missing or changed on this form, the consumer must initial and date all changes or updates.

7 USA PATRIOT Act Notice To be read by or to customer

The USA PATRIOT Act requires that we have an Anti-Money Laundering (AML) Program, notify customers that we verify their identity, and collect documents and information sufficient to provide verification. Failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your business.

Customer Identification Verification: we require our Insurance Agent to review and verify a **current** government issued photo ID for **EACH Owner/Trustee/Partner** associated with a contract. Information on such identification must be record below. If the Owner is a minor or non-legal entity, we must review the identification of the individual who submits an application on behalf of the minor or non-legal entity. We may use third party sources to verify the information provided.

► **NOTE:** The following information should be recorded exactly as it appears on the identification reviewed. If more than two owners to a contract, submit an additional USA PATRIOT Act Notice.

Name of Owner/Trustee/Partner	Name of Joint Owner/Trustee/Partner (if applicable)
Street Address (Not P.O. Box) _____	Street Address (Not P.O. Box) _____
City _____ State _____	City _____ State _____
Zip _____ Date of Birth _____	Zip _____ Date of Birth _____
Number on ID _____	Number on ID _____
Identification Expiration Date _____	Identification Expiration Date _____
State or Country _____	State or Country _____
Form of ID used to verify the identification of the Owner/Trustee/Partner: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID "Green Card" <input type="checkbox"/> Other (describe): _____	Form of ID used to verify the identification of the Joint Owner/Trustee/Partner: <input type="checkbox"/> Driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien ID "Green Card" <input type="checkbox"/> Other (describe): _____

1. Check the appropriate entity and **submit copies of documentation** indicating the existence of a legitimate business entity (e.g. Articles of Incorporation, Certificate of Limited Partnership, Joint Venture Agreement, or similar document/ agreement governing the formation and operation of the entity).

☐ **Corporation, LLC, Professional Association**

☐ **Limited Partnership**

☐ **General Partnership or Joint Venture**

☐ **Trust and All Other Entities**

2. Insurance Agent Acknowledgement (check **one**):

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

☐ I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Owner/Trustee/Partners is true and accurate.

Reason for not reviewing document: _____

► **NOTE:** Failure to personally review the identification documents will result in processing delays in order to verify customer identity and may result in a decision not to accept the business.

x _____

Insurance Agent Signature

Date: Month / Day / Year



Premium Receipt

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

NF

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



Payment Receipt

Valid only for an annuity and for the premium amount shown in the application paid for an annuity.

Payor _____ Date _____

Annuitant _____

Total Premium (☐ Check ☐ Money Order) _____ Policy Form Number _____

X _____
Signature of Soliciting Producer **Print Producer's Name**

► **NOTE:** The company accepts payment by check or money order subject to its being honored upon presentation. Checks or money orders must be made payable to American National Insurance Company. Do not leave payee blank or make payable to Producer.



Non-Qualified Transfer and 1035 Exchange Request

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

NF

page 1 of 3



Complete this form for Non-Qualified Accounts Only

1. Funds Coming From

CHECK ONE:

☐ New Sale

☐ Existing Policy/Contract/Account Number: _____

Transfer Company Policy/Contract/Account Information:

Transfer Company Name: _____

Transfer Company Phone Number: _____

Transfer Company Fax Number: _____

Transfer Company Address: Number/Street _____

City _____

State _____

Zip _____

Name of Insured/Annuitant*: _____

Social Security Number: _____

Name of Owner: _____

Social Security Number: _____

Name of Joint Owner: _____

Social Security Number: _____

Policy/Contract/Account Number with Transfer Company: _____

***Joint Annuitants are Only Accepted on Immediate Annuities**

2. Authorization for 1035 Exchange, Non-Qualified Policy/Contract/Account Only

I/We direct the Institution named above to liquidate and transfer the assets to American National Insurance Company in order to set up a Non-Qualified account: *(Must Specify)*

☐ Immediately

☐ Upon Maturity: ____/____/____

☐ Full 1035 Exchange \$ _____

The Assignor hereby designates American National Insurance Company as beneficiary of the above policy/contract/account. Immediately following the above beneficiary designation, Assignor does hereby assign and transfer without exceptions, limitations or reservation to American National Insurance Company all assignable benefits, interest, property, rights, claims, options, privileges, obligations and title in the policy/contract in exchange for a new policy/contract as described in Assignor's application to American National Insurance Company for such policy/contract.

Assignor and American National Insurance Company expressly represent and recognize that the sole purpose of this assignment is to affect an exchange of insurance policies/contracts. Assignor represents and agrees that Assignor has consulted his/her own tax advisor regarding the tax consequences of this transaction. Assignor represents and agrees that American National Insurance Company has made no representations concerning Assignor's tax treatment under Internal Revenue Code Section 1035 or otherwise as a result of this transaction. American National Insurance Company assumes no responsibility or liability for the assignor's tax treatment under Internal Revenue Code Section 1035(a) or otherwise as a result of this transaction.

☐ Partial 1035 Exchange ☐ \$ _____ ☐ _____ %

I understand the Internal Revenue Service may take the position that an exchange of a portion of an existing life insurance policy/annuity contract for a new life insurance policy or an annuity contract, or the exchange of a portion of an existing life insurance or annuity contract for a new life insurance policy or annuity contract, does not qualify as a valid exchange under Section 1035 of the Internal Revenue Code. I understand, acknowledge, and agree that American National Insurance Company assumes no liability or responsibility for any tax consequences associated with the proposed partial exchange.

Please complete the information below if 1035 Exchange includes loan value:

\$ _____ Amount of 1035 Exchange \$ _____ Amount of loan included in 1035 Exchange
(Not available with all products)

Appropriate loan form must be submitted with the application if transferring loan value.



3. Non-Qualified Transfer of Funds (Non-1035 Exchange)

I/We direct the Institution named above to liquidate and transfer the assets to American National Insurance Company in order to set up a Non-Qualified policy/contract: *(Must Specify)*

☐ Immediately

☐ Upon Maturity: ____/____/____

☐ **Mutual Funds Shares**

☐ **Certificate of Deposit**

☐ **Brokerage Account**

☐ **Money Market**

☐ **Other** _____

I wish to liquidate and transfer:

☐ **Entire Value**

☐ **Partial Value, in the amount of \$ _____ or _____% of the above referenced policy/contract/account directly to the receiving company**

4. Policy/Contract/Account Statement

☐ Policy/Contract/Account Included *(If contract is not lost, please submit with this form.)*

☐ Certificate of Lost Policy/Contract/Account

I/We certify that the above numbered policy/contract/account has been lost or destroyed and to the best of my/our knowledge and belief, is not in anyone's possession.

5. Special Instructions

6. Signatures

I/We agree that (1) American National Insurance Company is participating in this transaction at my specific request and as an accommodation to me; (2) American National Insurance Company and its representatives make no representation concerning treatment under IRC Section 1035(a) or otherwise; (3) American National Insurance Company assumes no responsibility nor any liability for the validity of this transaction or for the tax treatment under IRC Section 1035(a) and assumes that I/We consulted a tax advisor; (4) No person, firm, or corporation has a legal or equitable interest under the above referenced policy/contract/account, except the undersigned, and no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned or involving the above referenced policy/contract/account; and (5) the full-partial distribution from my existing policy/contract/account may be subject to surrender charges.

I/We authorize the transaction described above.

For the benefit of: _____

Date at _____ this _____ day of _____, _____
(City, State)

x _____
Signature of Insured/Annuitant

x _____
Signature of Joint Annuitant (for Immediate Annuities)

x _____
Signature of Owner (if other than Annuitant)

x _____
Signature of Joint Owner (if other than Annuitant)

x _____
Signature of Guarantee (if Required)

x _____
Signature of Agent

x _____
Signature of Witness

x _____
Signature of Witness



7. Acceptance *(To be completed by American National Insurance Company)*

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with a copy of this form to:

☐ **Annuity Services Department**

American National Insurance Company
P.O. Box 10427
Springfield, MO 65808-0427
Phone Number: 1-800-252-9546

If shipping via overnight service:

American National Insurance Company
Mail Processing Center
Attn: Annuity 10427
1949 E. Sunshine St.
Springfield, MO 65899-0001

☐ **Variable Contracts Department**

American National Insurance Company
P.O. Box 1893
Galveston, TX 77553-1893
Phone Number: 1-800-306-2959

If shipping via overnight service:

American National Insurance Company
Variable Contracts Dept.
One Moody Plaza
Galveston, TX 77550-7947

☐ **Life New Business**

American National Insurance Company
P.O. Box 3297
Springfield, MO 65808-3297
Phone Number: 1-800-672-9960

If shipping via overnight service:

American National Insurance Company
Mail Processing Center
Attn: LNB 3297
1949 E. Sunshine St.
Springfield, MO 65899-0001

Please make check payable to: American National Insurance Company

By _____ Date _____
(Signature/Title)

For all 1035 Exchanges, please provide the Cost Basis Information for the current policy/contract/account.



Qualified Transfer or Rollover Request

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

NF

page 1 of 3



This form can be used to accomplish a FULL or a PARTIAL Trustee to Trustee Transfer or Direct Rollover of qualified accounts. Complete either section 3 for Transfers or section 4 for Direct Rollovers. A separate form must be submitted for each surrendering company and for each existing Policy/Contract/Account Number. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

☐ New ANICO Annuity Contract ☐ Existing ANICO Contract Number: _____

1. Funds Coming From

Transfer Company Name: _____ Transfer Company Phone Number: _____ Transfer Company Fax Number: _____

Transfer Company Address: Number/Street _____ City _____ State _____ ZIP _____

Name of Insured/Annuitant: _____ Social Security Number: _____

Name of Owner: _____ Social Security Number: _____

Policy/Contract/Account Number with Transfer Company: _____

► NOTE:

- The Owner and Insured/Annuitant information must match the existing policy/contract/account held at the other carrier.
- If Inherited IRA, the Owner and Annuitant's name must be in the following format: Deceased IRA Holder Name FBO Living Beneficiary Name.
- Joint Annuitants are only accepted on Immediate Annuities.

2. Complete This Section for Transfer Requests and Direct Rollover Requests

☐ Total, Full Liquidation \$ _____ ☐ Partial, _____ % or \$ _____

Please send these funds to American National Insurance Company

☐ Immediately ☐ Effective Date: _____

3. Only Complete This Section for Transfer Requests

IRA/TSA Transfer into an annuity contract of the same qualification type (i.e. TSA, IRA, or both ROTH IRA) Transfer of a non-spousal inherited IRA is only permitted if the original IRA owner's date of death was prior to January 1, 2020. As owner of the policy, contract, or account indicated in Section 1, I hereby request transfer of:

- | | |
|---|--|
| <input type="checkbox"/> Tax-Sheltered Annuity (IRC Section 403(b)) | <input type="checkbox"/> ROTH I.R.A. or Annuity (IRC Section 408) |
| <input type="checkbox"/> Individual Retirement Account or Annuity (IRC Section 408) | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Inherited Individual Retirement Account or Annuity | <input type="checkbox"/> Governmental 457 Deferred Compensation Plan |
| <input type="checkbox"/> Qualified Employer Plan (IRC Section 401) (This may include Pensions, Profit-Sharing Plan, 401(K)) | |

By signing below, I authorize the transfer of the qualified assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations, and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.

X _____
Signature of Owner Date

X _____
Signature of Agent Date

X _____
Signature of Guarantee (if required) Date

Signature Requirements:

- **Custodian** - Custodian must sign with Custodian designation next to name.
- **Guardian** - Guardian must sign with Guardian designation next to name and provide guardianship paperwork.
- **Power of Attorney** - Attorney-in-Fact must sign with POA designation next to name.
- **Pension Plan** - Trustee of the plan must sign and have Trustee designation next to name.



4. Only Complete This Section for Direct Rollover Requests

Direct Rollover into a Traditional IRA, 403(b) Plan, 457(b) Plan, or other qualified plan. Direct Rollover of a non-spousal inherited IRA is only permitted if the original IRA owner's date of death was prior to January 1, 2020.

As owner of the policy, contract, or account indicated in Section 1, I hereby request a direct rollover of my:

- ☐ Individual Retirement Annuity (IRC Section 408)
☐ Governmental 457 Deferred Compensation Plan
☐ SEP IRA

- ☐ Tax-Sheltered Annuity (IRC Section 403(b))
☐ Qualified Employer Plan (IRC Section 401)
☐ SIMPLE IRA ☐ ROTH IRA

into an

- ☐ Individual Retirement Annuity (IRC Section 408)
☐ Governmental 457 Deferred Compensation Plan

- ☐ Tax-Sheltered Annuity (IRC Section 403(b))
☐ SEP IRA ☐ ROTH IRA

Trustee-to-Trustee/Direct Rollover Transfers – The Trustee-to-Trustee transfer is the transfer of funds from one Qualified Retirement Plan to another Qualified Retirement Plan. A Direct Rollover is the movement of funds from an Employer's Qualified Retirement Plan directly to an IRA with a new trustee. In both instances, the plan participant does not take actual or constructive receipt of the funds, and the check is made payable and sent to the new trustee.

Trustee-to-Trustee transfers are non-reportable events. Direct rollovers are reported to the IRS by the employee plan trustee and coded as a direct rollover. Both the trustee-to-trustee transfers and the direct rollovers are different than 60-day rollovers in that the IRS allows more than one transfer/direct rollover within a year. Direct rollovers are not subject to mandatory tax withholdings.

Note – If a lump-sum distribution of funds is taken from a tax-qualified employee retirement benefit plan and the plan participant does not choose to use a direct rollover, the employer could be required to withhold 20 percent (20%) for taxes. For this reason, direct rollovers are the preferred method of moving tax-qualified employee retirement benefit plan funds.

60-Day Rollovers – A tax-qualified 60-day rollover is the tax-free transfer of funds from one Qualified Retirement Plan to another Qualified Retirement Plan with the participant taking actual or constructive receipt of the funds. The check is made payable to the plan participant. The plan participant has 60 days to deposit these funds into another Qualified Retirement Plan or the distribution will be taxable. Plan participants can make one 60-day rollover of funds within a 12-month period. A tax-qualified 60-day rollover from a tax-qualified plan could be subject to mandatory tax withholding by the plan.

I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor.

I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee, or Custodian of either the distributing or receiving plans liable for any adverse consequences that may result.

I hereby irrevocably designate this contribution of funds and/or property indicated above as a direct rollover contribution.

X _____
 Signature of Owner Date

X _____
 Signature of Agent Date

X _____
 Signature of Guarantee (if required) Date

Signature Requirements:

- **Custodian** - Custodian must sign with Custodian designation next to name.
- **Guardian** - Guardian must sign with Guardian designation next to name and provide guardianship paperwork.
- **Power of Attorney** - Attorney-in-Fact must sign with POA designation next to name.
- **Pension Plan** - Trustee of the plan must sign and have Trustee designation next to name.



5. Policy/Contract/Account Statement

☐ Policy/Contract/Account Included *If policy/contract/account is not lost, please submit with this form.*

☐ Certificate of Lost Policy/Contract/Account

I certify that the above numbered policy/contract/account has been lost or destroyed and to the best of my knowledge and belief, is not in anyone's possession.

☐ Not Applicable, The Existing Policy/Contract/Account is a Partial Transfer or Direct Rollover.

6. Required Minimum Distribution (RMD) Information

If this rollover is being made during or after the first year for which you must take a required minimum distribution, you must **satisfy the RMD prior to rolling over your qualified account(s).**

If you have attained the age in which you are required to take required minimum distributions, and are requesting a Trustee to Trustee Transfer, select one of the following:

☐ I have or will satisfy my RMD from another source.

☐ Distribute my RMD to me before transferring my qualified funds.

7. Special Instructions

8. Acceptance of Funds (To be completed by American National Insurance Company)

This is to certify that American National Insurance Company will accept the funds to establish a qualified annuity. Please do not withhold any taxes from the amount being transferred.

☐ **ANNUITY SERVICES DEPARTMENT**

American National Insurance Company
P.O. Box 10427
Springfield, MO 65808-0427
1-800-252-9546

If shipping via overnight service:

American National Insurance Company
Mail Processing Center
Attn: Annuity 10427
1949 E. Sunshine St.
Springfield, MO 65899-0001

☐ **VARIABLE CONTRACTS DEPARTMENT**

American National Insurance Company
P.O. Box 1893
Galveston, TX 77553-1893
1-800-306-2959

If shipping via overnight service:

American National Insurance Company
Variable Contracts Dept.
One Moody Plaza
Galveston, TX 77550-7947

Please make check payable to: American National Insurance Company

By _____ Date _____
(Signature/Title)