



# 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

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



## 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 _____	_____
<b>Print Producer's Name</b>	<b>Producer's Signature</b>	<b>Producer PC Number, SSN, or TIN</b>
_____	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



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

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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 the Palladium® Single Premium Immediate Annuity

NF

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

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Thank you for applying for the Palladium® Single Premium Immediate Annuity. We want to make sure that you understand its features and benefits.

This annuity is a single premium immediate annuity. This means you make a single premium payment at the time you apply for your annuity contract; no further premium payments are accepted. It is also an immediate annuity, which means that you will begin to receive an income payment immediately from American National Insurance Company ("American National") according to the annuity benefit you select at the time of your application.

This annuity is intended for immediate income needs, which may be for a short certain period, or as long as your lifetime. The amount of the annuity payment you receive will be based on the type of annuity benefit option you select, the rate in effect at the date of your application for that option, and the length of time you elect to receive the annuity benefit.

**Please read the following information carefully, then sign and return the attached statement with your application.**

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

## THE ANNUITY CONTRACT

You can select annuity payment options based on your own life, or on a joint life basis. You can also choose to include a Cost of Living Adjustment (COLA) on the annuity payment option you select. Please note that a Cost of Living Adjustment is not available on the Life with Cash Refund or Life with Installment Refund options.

### For a Single Life, your Annuity Benefit options are:

- Life Only
- Life with Certain Period (5-20 years)
- Life with Cash Refund (COLA not available)
- Certain Period (5-30 years)
- Life with Installment Refund (COLA not available)

### For a Joint Life, your Annuity Benefit options are:

- Joint with % payable to Survivor
- Joint with Certain Period (5-20 years) and % payable to Survivor
- Joint with % payable to Spouse
- Joint with Certain Period (5-20 years) and % payable to Spouse

## BENEFITS

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

Your annuity payments will start on the date you select and will be paid to you according to the annuity benefit option you select. Your annuity payments can be monthly, quarterly, semiannually, or annually.

### How does the Cost of Living Adjustment (COLA) affect the annuity payment I receive from my annuity?

If you choose to include a Cost of Living Adjustment to the annuity plan you selected, you will receive a COLA of 3% compound interest. The annuity payment will be adjusted by the COLA percentage each year. You will see the actual amount of annuity payment you can expect to receive each year, based on the annuity benefit option and payment frequency you select at the time of your application, on the Data Page in your contract.

### Is there a charge to include a Cost of Living Adjustment to an annuity benefit option?

The amount of the initial annuity payment you receive under an annuity benefit option with a COLA would be less than the annuity payment from an annuity benefit option without a COLA. However, you should consider the value of the annuity payment you receive over the time you expect to receive the annuity payments, and you may find that the guaranteed increase in your annuity payments over that period of time is worth the smaller initial annuity payment.

*Continued on reverse side ...*

**Please retain this page for your records.**



### **Can I make any withdrawals while I am receiving annuity payments?**

You can make a withdrawal after your annuity has been in force for three full contract years by making a written request for a partial withdrawal and returning the contract to the Company\*. If you elected a life contingent annuity benefit option, you can withdraw up to 10% of the commuted value (the present value of future benefits, discounted at the commutation rate) of the annuity without underwriting. If you withdraw more than 10% under the life contingent annuity benefit option, American National may require underwriting at the time you request the withdrawal. The minimum partial withdrawal you may make is \$2000.

There is a charge for taking a partial withdrawal, and the charge is explained in Fees, Expenses and Other Charges.

\* Partial withdrawal or full surrender may not be available in all states.

### **Can I surrender my annuity after I start receiving annuity payments?**

You can fully surrender your immediate annuity after it has been in force for three contract years by making a written request to the Company\*.

For a period certain, or non-life contingent annuity plan, you must also return your contract to the Company at the time of your written request. For period certain, or non-life contingent annuity plans, the surrender amount equals the commuted value, reduced by commutation charges.

For life contingent plans, American National may require underwriting at the time you request to surrender the annuity. American National will then make an offer of surrender value, subject to your acceptance. If you accept American National's offer, you must then return your contract to the Company.

See the Data Page of your contract to determine if your annuity plan is a life contingent plan.

There is a commutation charge for surrendering your annuity, and the charge is explained in Fees, Expenses and Other charges.

\* Partial withdrawal or full surrender may not be available in all states.

### **What happens after I die?**

This will depend on the annuity benefit option you selected:

**Life only:** Annuity payments will cease on your death. No further annuity benefits will be paid.

**Life with Certain Period (5-20 years):** If you die before the end of the certain period you selected, annuity payments, including any Cost of Living Adjustment, will be made to your named beneficiary for the remaining years in the certain period.

**Certain Period (5-30 years):** If you die before the end of the certain period you selected, annuity payments, including any Cost of Living Adjustment, will be made to your named beneficiary for the remaining years in the certain period.

**Life with Cash Refund (COLA not available):** If you die before the income you have received equals the initial single premium you paid, any remaining balance will be paid to your named beneficiary in a lump sum.

**Life with Installment Refund (COLA not available):** If you die before the income you have received equals the initial single premium you paid, the annuity payment will continue to your named beneficiary until the total payout equals the initial single premium.

**Joint with % payable to Survivor:** When you or the joint annuitant die, the survivor will receive the % of annuity payment you selected, including the Cost of Living Adjustment if any, for the remainder of their life.

**Joint with Certain Period (5-20 years) and % payable to Survivor:** When you or the joint annuitant die after the certain period, the survivor will receive the % of the annuity payment you selected, including the Cost of Living Adjustment if any, for the remainder of their life.

**Joint with % payable to Spouse:** When you die, your spouse will continue to receive the % of joint annuity payment you selected, including the Cost of Living Adjustment if any, until their death.

**Joint with Certain Period (5-20 years) and % payable to Spouse:** When you die after the certain period, your spouse will continue to receive the % of joint annual payment you selected, including the Cost of Living Adjustment if any, for the remainder of their life.

## **OPTIONAL BENEFIT RIDERS**

### **What other benefits can I choose?**

There are no optional benefit riders offered with this immediate annuity.

*Continued on next page ...*

**Please retain this page for your records.**



## FEES, EXPENSES & OTHER CHARGES

### What happens if I take out some or all of the money from my annuity?

A full surrender or partial withdrawal\* (after the contract has been in existence for three full contract years) is based on the commuted value of the annuity. The commuted value is the present value of future benefits, discounted at the commutation rate. The commuted value is based on the commutation rate using the exact age of the annuitant, joint annuitant or spouse annuitant as appropriate. The commutation rate is the interest rate used to discount the future benefits used by American National in determining the annuity purchase rates at the date of commutation, increased by 0.50%. Commutation is not available in all states.

Partial withdrawals will reduce any death benefit on a proportional basis. After a partial withdrawal, the future benefit payment will be adjusted based on the annuitant's attained age. A new contract with the new benefit payment will be issued.

\* Partial withdrawal or full surrender may not be available in all states.

The commutation charge is a percentage of the amount surrendered or the amount withdrawn. The following schedule lists the commutation charges beginning in the fourth contract year:

Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	11+
May not surrender in first 3 years				10%	9%	7%	5%	4%	3%	2%	0%

For a full surrender, the surrender amount equals the commuted value with a commutation rate reflected and reduced for commutation charges.

### Do I pay any other fees or charges?

No. There aren't any other fees or charges on this annuity. Also, you pay only one premium for your annuity.

## TAXES

### How will payouts and withdrawals from my annuity be taxed?

This will depend on the source of the money you used to pay the single premium for your annuity. State or federal taxes may be deducted from the money you receive.

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

If you purchase the annuity with non-qualified funds, meaning the money used for the initial premium did not have any special tax status and would have already been taxed, a portion of the annuity payment you receive will be considered a return of previously taxed principal and excluded from taxation and part will be taxed according to an exclusion ratio, which appears on the illustration for the annuity you purchase.

Consult your tax advisor or tax attorney for your specific circumstances.

## 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'll tell you about the changes in writing.
- We pay the insurance producer for selling the annuity to you.
- Many states have laws that give you a set number of days to look at an annuity after you buy it. If you decide during that time that you don't want it, you can return the annuity and get all your money back. Read your contract to learn about your **free look** period.
- If you did not have a face to face meeting with your insurance producer when purchasing this annuity, you can obtain general information regarding annuities from a free Annuity Buyer's Guide 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](http://www.AmericanNational.com)**

This Disclosure Statement is not intended to be a complete explanation of your contract. Please read your contract carefully for more complete details. The Palladium® Single Premium Immediate Annuity may not be available in all states. 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 the Palladium® Single Premium Immediate Annuity

NF

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

page 4 of 4



## Owner/Annuitant's Statement

I confirm that:

- I am purchasing the Palladium® Single Premium Immediate Annuity from American National Insurance Company
- I have read the Palladium® Single Premium Immediate Annuity Brochure
- I have read the Palladium® Single Premium Immediate Annuity Disclosure statement and have kept a copy

### For a Single Life - select your option:

- ☐ With Cost of Living Adjustment
- ☐ Life Only
- ☐ Life with Certain Period \_\_\_\_\_ (5-20 years)
- ☐ Certain period \_\_\_\_\_ (5-30 years)

Cost of Living Adjustment not available

- ☐ Life with Cash Refund
- ☐ Life with Installment Refund

### For a Joint Life - select your option:

- ☐ With Cost of Living Adjustment
- ☐ Joint with \_\_\_\_\_ % payable to Survivor
- ☐ Joint with Certain Period \_\_\_\_\_ (5-20 years) and (circle one) 50, 60, 66.67, 75 or 100 % payable to Survivor
- ☐ Joint with \_\_\_\_\_ % payable to Spouse
- ☐ Joint with Certain Period \_\_\_\_\_ (5-20 years) and (circle one) 50, 60, 66.67, 75 or 100 % payable to Spouse

Name of Annuitant \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_

For the insurance producer:

- ☐ I certify receipt of \$ \_\_\_\_\_ given to purchase the Palladium® Single Premium Immediate Annuity contract.
- ☐ 1035 Exchange
- ☐ Transfer of Funds

**I certify that the product brochure and disclosure material has been presented and explained to the Annuitant/Owner and a copy provided to the Annuitant/Owner. I have not made any 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*)

Information provided is not intended to be legal or tax advice. You should consult with your attorney or tax advisor for your specific circumstances.

Withdrawals made prior to the owner's attained age 59½ may incur a federally imposed tax penalty. Please consult your tax advisor.

This disclosure is intended to be used with Form Series NSPA.

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

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



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?

☐ Mutual Funds \_\_\_\_\_ # of yrs. ☐ 401(k) Plans \_\_\_\_\_ # of yrs. ☐ Stocks \_\_\_\_\_ # of yrs.  
☐ Bonds \_\_\_\_\_ # of yrs. ☐ CDs \_\_\_\_\_ # of yrs. ☐ Savings Accounts \_\_\_\_\_ # of yrs.  
☐ Life Insurance \_\_\_\_\_ # of yrs. ☐ Annuities \_\_\_\_\_ # of yrs. ☐ 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
<b>a.</b>	Is there a surrender charge? If Yes, list the current dollar amount.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	Not Applicable
<b>b.</b>	What is the remaining Surrender Charge Period?	_____ Yrs.	_____ Yrs.
<b>c.</b>	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
<b>d.</b>	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 _____
<b>e.</b>	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 \$ _____
<b>f.</b>	Is there a Market Value Adjustment (MVA)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>g.</b>	If there is a Market Value Adjustment (MVA), then what is the amount and is it positive or negative?	(Pos.) \$ _____ (Neg.) \$ _____	Not Applicable
<b>h.</b>	What is the Minimum Guaranteed Interest Rate over the life of the contract? (i.e. required by state law and in the contract)	_____ %	_____ %
<b>i.</b>	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 _____ %
<b>j.</b>	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%
<b>k.</b>	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
<b>l.</b>	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
<b>m.</b>	Is there a Terminal Illness Waiver/Benefit?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>n.</b>	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
<b>o.</b>	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.

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**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:

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**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

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### 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)

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2021**

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

## General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

You can also use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

**Filers with multiple pensions or more than one income.** If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at [www.irs.gov/FormsPubs](http://www.irs.gov/FormsPubs). Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

## Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

# Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

**2021**

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

### Complete the following applicable lines.

- Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ► ☐
- Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) . . . . . ►  
**Marital status:** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. (Enter number of allowances.)
- Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

**Caution:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

**Caution:** If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,100 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution:** If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.



**Note:** The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

**Tax relief for victims of terrorist attacks.** For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Changing Your "No Withholding" Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2021 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

## Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals), to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

## Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer will instead furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

# Specific Instructions

## Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line D. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line E. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

**Line F. Other credits.** You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

## Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure your withholding more precisely.

### Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D Child tax credit.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **D** \_\_\_\_\_
- E Credit for other dependents.** See Pub. 972 for more information.
- If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E . . . . . **F** \_\_\_\_\_
- G** Add lines A through F and enter the total here . . . . . **G** \_\_\_\_\_

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2021 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,800 \text{ if you're head of household} \\ \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2021 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2021 other income not subject to withholding (such as dividends, interest, or capital gains) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, on page 1 . . . . . **10** \_\_\_\_\_

### Multiple Pensions/More-Than-One-Income Worksheet

**Note:** Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line G, on page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** on page 6 that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" . . . . . **2** \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** on page 6 that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 **Divide** line 8 by the number of payments remaining in 2021. For example, divide by 8 if you're paid every month and you complete this form in April 2021. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment . . . . . **9** \$ \_\_\_\_\_

**Table 1**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

**Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

## Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.