



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

Producers Commission Split

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

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



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

R

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

page 1 of 1

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



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

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

Agent's Signature

Date

Owner Signature

Date



NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY AND RECOVERY

For Distribution by Insurers, Agents, and Brokers

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

R

page 1 of 2

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



State of California—Health and Human Services Agency

Department of Health Care Services

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

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

Recovery

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

Unmarried Resident

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

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

Married Resident

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

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

Fair Hearings and Court Orders

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

Real and Personal Property Exemptions

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

Real Property Exemptions

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



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

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

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

Personal Property and Other Exempt Assets

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

There may be other assets that may be exempt.

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

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

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

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

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

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

☒ Owner's signature

Date

☒ Spouse's signature

Date

☒ Legal representative signature

Date



California - Life or Annuity Comparison Statement

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

NF

page 1 of 1

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



For Internal Replacements.

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

APPLICANT INFORMATION

Name _____

Address _____

Telephone _____

Date of Birth _____

EXISTING POLICY OR CONTRACT VALUES

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

Planned Premium _____

Minimum Premium (if applicable) _____

Premium Mode _____

Surrender Value, plus Dividend, if any _____

Death Benefit _____

Outstanding Loan Value _____

REPLACEMENT POLICY OR CONTRACT VALUES

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

Planned Premium _____

Minimum Premium (if applicable) _____

Premium Mode _____

Surrender Value, plus Dividends, if any _____

Death Benefit _____

Outstanding Loan Value _____

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

Producer's Signature

Date



Disclosure Statement for ANICO Strategy Indexed Annuity Plus 7 (Client Copy)

NF

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

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 16

Summary

This document reviews important points to think about before you buy this American National Insurance Company (American National) annuity. It is a **flexible premium indexed deferred annuity**.

This annuity is **tax-deferred**, which means you don't pay taxes on the interest it earns until the money is paid to you. This annuity can earn guaranteed interest for premium that is placed in the Declared Rate Strategy; or interest that depends on how the S&P 500® Index, the S&P MARC 5% Excess Return Index, or the NASDAQ 100 Index® performs for premium that is placed in one or more of the multiple Indexed Strategies available through this annuity. You get to choose the way interest is earned by your selection(s) among the multiple strategies available through this annuity.

You can use this annuity to save for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals.

Please see the **FEES, EXPENSES, & OTHER CHARGES** section of the disclosure for Surrender Charge Schedules.

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 agent or contact a company representative at 1-800-252-9546.

The Annuity Contract

Terms contained herein such as Segment Start Date, Segment Term, and Sweep Date are defined in your Contract.

► Who are the parties to the Contract?

The Owner

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

The Annuitant

The Annuitant is the person on whose life the annuity benefit payments are based. The Annuitant may not be changed if this Contract is not owned by a Natural Person. If this Contract is not owned by a Natural Person, the death of the Annuitant will be treated as the death of the Owner and a new Annuitant may not be designated.

The Beneficiary

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

► What is the Maturity Date?

The Maturity Date is the date shown on the Data Section unless later changed per this Contract. On the Maturity Date, we will pay your Contract's Annuity Value to you (see BENEFITS section of this disclosure). You are allowed to change the Maturity Date subject to the limitations explained in your Contract.

► How will the value of my annuity grow?

When you purchase an ANICO Strategy Indexed Annuity Plus 7, you can choose from different interest crediting strategies. Premium paid will be allocated to your chosen strategies. Each strategy credits interest differently. You can choose between a Declared Rate Strategy and several Indexed Strategies.

Please retain this form for your records.

► What is my Annuity Value?

The Annuity Value of your Contract is equal to the premium payment, less any applicable federal and/or state premium taxes, plus credited interest, less any Partial and/or Systematic Withdrawals and their associated Surrender Charges. The Annuity Value is used to determine the annuity payments.

► How is my annuity value allocated across the interest crediting strategies?

Your Premiums will be allocated to the available interest crediting strategies according to the Allocation Percentages you chose on your application. Premiums paid on the date of issue will be allocated to your chosen strategies on that day. Premiums paid after issue will enter the Sweep Account and will transfer according to Your existing allocation percentages on the following Sweep Date, which will occur at least once per month.

You may change your Allocation Percentages by completing and submitting an allocation change form provided by Us. You may request an allocation change form at any time using the company's contact information provided on this disclosure or on your Contract. Only the latest Allocation Percentages received by Us will apply at any point in time. Future premium payments will refer to the then current Allocation Percentages.

If an allocation change form is submitted to Us, all current Segments will transfer according to the new Allocation Percentages as each Segment matures. Once a Segment has been transferred, it will remain in the current strategy upon current and subsequent renewals unless an additional allocation change form is submitted.

► How do I transfer annuity value between strategies?

The only method to transfer annuity value between strategies is to submit an allocation change form with revised Allocation Percentages. Once the revised Allocation Percentages are received, all current Segments will transfer according to the new Allocation Percentages as each Segment matures. After a Segment has been transferred, it will remain in the current strategy upon current and subsequent renewals unless an additional allocation change form is submitted.

The process to change your Allocation Percentages is described in "How is my annuity value allocated across the interest crediting strategies?". Note that changing your Allocation Percentages will also change how future premium is allocated among the available interest crediting strategies.

► How do I select a crediting strategy if one of my previous strategies has been discontinued?

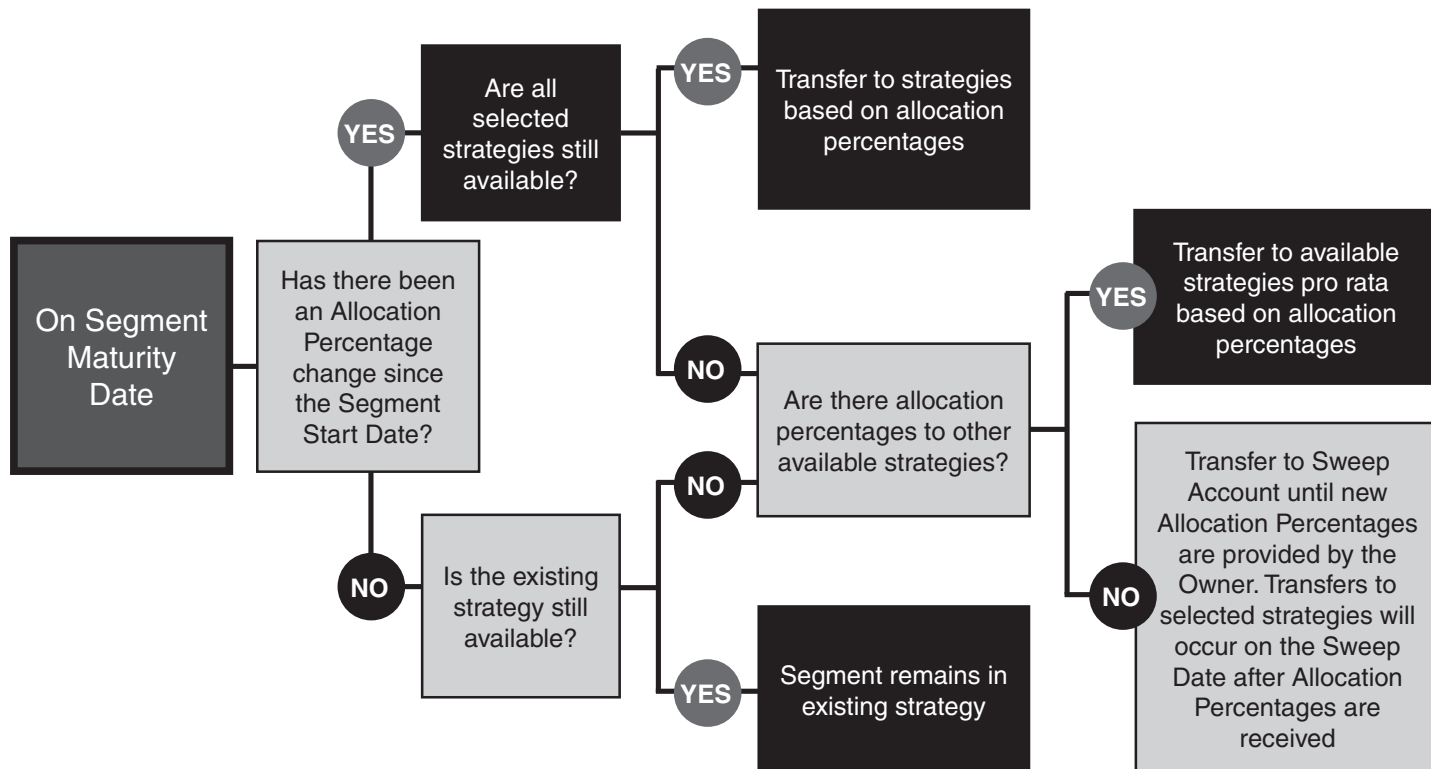
If the strategy is no longer available, American National will place the maturing Segment Value pro-rata in the remaining Crediting Strategies you previously selected. If there are no remaining available strategies that you previously selected, all funds from the discontinued strategy will transfer to the Sweep Account and will remain in the Sweep Account until we receive a Written Request from you on an allocation change form provided by Us. To obtain the appropriate forms, contact Annuity Customer Service by phone at the number shown on the first page of this document, or you can write to us at the address also shown on the first page of this document.

Please retain this form for your records.

What Happens When a Segment Matures?

The following decision tree shows what happens to a segment at the segment maturity date.

- Premiums will be allocated to the available interest crediting strategies according to the allocation percentages selected in the Contract.
- At any given Contract anniversary some of the strategies may not be available due to economic conditions.
- Strategies that credit interest related to the performance of an Index are dependent on the index performance.



Segment	A portion of the annuity value allocated to an interest crediting strategy.
Segment Start Date	The first day of the Segment Term. When a Segment completes its Segment Term, the Segment Maturity Date becomes the new Segment Start Date.
Segment Maturity Date	The last day of a Segment Term. The Segment Maturity Date is the same numbered day as the Segment Start Date and is the day that index-linked interest is credited.
Allocation Percentages	The percentages used to divide premium among the selected interest crediting strategies
Sweep Account	A fund that temporarily holds renewal premium until the next Sweep Date. The funds will transfer to the other strategies according to the policy holder's current strategy allocation percentage.
Sweep Date	The day that renewal premium transfers from the Sweep Account into the selected interest crediting strategies. There will be at least one Sweep Date per month.

Please retain this form for your records.

Interest Crediting Strategies

General Provisions

When you choose to place a portion of the Annuity Value in a strategy, a Segment is created. Segment Terms in this annuity will be 1 year.

When a Segment matures at the end of a Segment Term, interest, if any, will be credited. A maturing Segment will remain in its current strategy, if the strategy is still available, unless an allocation change form is submitted to Us. The Annuity Contract section of this product disclosure describes how to change your allocation percentages.

Sweep Account

A Sweep Account will be established for this Contract. After the Date of Issue, any Net Annuity Premium will first be held in the Sweep Account. Funds in the Sweep Account will be credited interest at a rate declared by Us on each Sweep Date. We will transfer funds in the Sweep Account to the Declared Rate Strategy and the Indexed Strategy(ies) in accordance with the Allocation Percentages You chose and as shown in the Data Section, unless subsequently amended by You. Any Net Annuity Premium received on a Sweep Date after issue will transfer on the subsequent Sweep Date. Sweep dates will occur at least once per month.

Declared Rate Strategy

Premium placed in this strategy earns interest at a declared interest rate. This rate is declared at the beginning of each Segment Start Date and guaranteed for one year. The interest is credited daily. The initial Declared Rate will be shown in the Data Section of your Contract.

Indexed Strategies

Indexed strategies earn interest related to the performance of the S&P 500® Index, the S&P MARC 5% Excess Return Index, or the NASDAQ 100 Index®. Whether an indexed strategy earns interest or not and how much interest is earned is dependent on a number of factors: index performance, participation rate, cap, floor, specified rate and segment term. The performance of the index cannot be predicted over any given period of time. Past history of the Index is no guarantee of future performance. There is not one particular interest crediting strategy that will deliver the most interest under all economic conditions. American National Insurance Company and its insurance agents do not make any recommendations regarding the selection of indexed strategies nor guarantee the performance of any indexed strategies. Below is a brief description of the indexed strategies available in the ANICO Strategy Indexed Annuity Plus 7.

S&P 500® Index

The S&P 500 is a capitalization weighted index that tracks the performance of 500 large companies listed on US stock exchanges. The S&P 500 is widely regarded as the best single gauge of large-cap U.S. equities. There is over USD 11.2 trillion indexed or benchmarked to the index, with indexed assets comprising approximately USD 4.6 trillion of this total. The index includes 500 leading companies and covers approximately 80% of available market capitalization. The Companies that are tracked are selected by committee and must meet certain criteria before making the list of eligible companies.

S&P MARC 5% Excess Return Index

The S&P MARC 5% Index is a derivative index of the S&P 500 designed to manage market volatility. The S&P MARC 5% (Multi-Asset Risk Control) Index seeks to provide multi-asset diversification within a simple risk weighting framework, tracking three underlying component indices that represent equities, commodities and fixed income. For purposes of the S&P MARC 5% Index, an excess return version of the S&P 500 is calculated from the S&P 500 Total Return Index and is used as the underlying equities component index. The weighted strategy is rebalanced daily to maintain a target volatility of 5%. In low-volatility environments, the S&P MARC 5% Index risk control mechanism increases market exposure to riskier assets by increasing the allocation to the Index (up to a leveraged position of 150%).

NASDAQ 100 Index®

The NASDAQ 100 Index is a modified market capitalization weighted index that tracks the performance of 100 of the largest domestic and international non-financial companies listed on The NASDAQ Stock Market based on market capitalization. The Index reflects companies across major industry groups including computer hardware and software, telecommunications, retail/wholesale trade and biotechnology. It does not contain securities of financial companies including investment companies. The companies selected are based on an annual ranking of all eligible companies listed on the NASDAQ stock market. The Value for this index is published multiple times a day and includes an opening market value and a closing market value.

Please retain this form for your records.

One Year Total Sum Performance with a Monthly Cap

Premium placed in this strategy earns interest on an annual basis by comparing the monthly changes in the Index. The indexing term for this strategy is one year. The first Monthly Segment begins on the Segment Start Date and ends on the same date in the next calendar month. If a Monthly Segment falls on the 29th, 30th, or 31st and a month does not have this date, then the Monthly Segment will end on the last day of that month.

Each month, American National will calculate the change in Index Value compared to the previous month. Monthly increases in the Index Value are subject to a Cap. There is not a Floor of zero applied to the calculation of the change in Index Value monthly. The 12 values are summed to determine your interest rate for the Segment Term, subject to a Floor of zero. This strategy tends to perform better when the index is rising in an “up” market. This strategy does not tend to perform well in a “down” market.

The Monthly Cap is the maximum monthly percentage change of the index used to determine the interest credited to values under this indexed strategy. The Monthly Cap for the initial Segment Term is shown in the Data Section of your Contract. The Floor is the minimum rate of interest credited to values under this indexed strategy and is applied at the Segment Maturity Date. The Cap and Floor for the initial Segment Term are shown in the Data Section of your Contract. The Cap and Floor will not change during your Segment Term.

One Year Total Sum Performance with a Monthly Cap: Hypothetical Examples*

These examples assume 2% monthly cap and a 0% floor.

Month	Example 1 Change in Index Value	Example 2 Change in Index Value
1	2% Cap (4%)	2%
2	2%	2%
3	-3%	-3%
4	1%	-4%
5	-1%	-1%
6	0%	0%
7	2% Cap (3%)	2%
8	-2%	-2%
9	2% Cap (4%)	-2%
10	1.5%	1.5%
11	-1%	-1%
12	2%	2%
Total	5.5%	-3.5%
Interest rate to be credited	5.5%	0%
Annuity value at beginning of segment	\$5,000	\$5,000
Interest credited at end of segment	\$275	\$0
Annuity value at end of segment after interest credited	\$5,275	\$5,000

*Hypothetical examples are for illustrative purposes only and are not a guarantee of any specific results. The hypothetical examples assume no withdrawals were made from the Segment during the Segment Term.

Please retain this form for your records.

One Year Performance with a Specified Rate

Premium placed in this indexed strategy can earn a specified rate of interest during a one-year Segment Term by comparing the Index Value on the Segment Start Date to the Index Value on the Segment Maturity Date. If the Index Value on the Segment Maturity Date is greater than or equal to the Index Value on the Segment Start Date then the Interest Rate Credited will be the Specified Rate.

If the Index Value on the Segment Maturity Date is less than the Index Value on the Segment Start Date, no interest earnings will be credited for that Segment Term.

One Year Performance with a Specified Rate: Hypothetical Examples*

These examples assume a 0% Floor.

Example 1

Index Value on Segment Start Date	950
Index Value on Segment Maturity Date	1,050
Specified Rate	3%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$150
Annuity Value at end of Segment Term after Interest Credited	\$5,150

Example 2

Index Value on Segment Start Date	950
Index Value on Segment Maturity Date	900
Specified Rate	3%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$0
Annuity Value at end of Segment Term after Interest Credited	\$5,000

*Hypothetical examples are for illustrative purposes only and are not a guarantee of any specific results. The hypothetical examples assume no withdrawals were made from the Segment during the Segment Term.

Please retain this form for your records.

One Year Point-to-Point Performance with a Cap

Premium placed in this strategy earns interest at a rate determined by the Participation Rate being multiplied by (The Index Value on the Segment Maturity Date minus the Index Value on the Segment Start Date) divided by the Index Value on the Segment Start Date, up to the Cap and no less than the Floor.

The Participation Rate decides how much of the increase in the Index will be used to calculate index-related interest. The Cap is the maximum rate of interest credited to values under this indexed strategy. The Floor is the minimum rate of interest credited to values under this indexed strategy and is applied at the Segment Maturity Date. The Participation Rate, Cap and Floor for the initial Segment Term are shown in the Data Section of your Contract. The Participation Rate, Cap and Floor will not change during your Segment Term. This strategy allows you to choose between different Segment Terms (one, three or five years), and different Participation Rates (100%, 75% and 50%). Each Segment Term and Participation Rate combination has a different Cap. **All variations of the Segment Terms and Participation Rates may not be available at all times, depending on our assessment of current economic conditions.**

A point-to-point strategy may be beneficial when the index is rising, but may reduce the amount of interest you would receive if the Index declines just before the end of a Segment Term. Interest will not be credited until the end of the Segment Term. You assume the risk of earning 0% interest on that portion of your Annuity Value for the Segment Term. *If you choose a longer indexing term, make sure you can risk earning 0% interest for the entire term.*

One Year Point-to-Point Performance with a Cap with 100% Participation Rate: Hypothetical Examples*

These examples assume a 0% Floor.

Example 1

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	1,070
Index Change	7%
Cap	3%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$150
Annuity Value at end of Segment Term after Interest Credited	\$5,150

Example 2

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	950
Index Change	-5%
Cap	3%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$0
Annuity Value at end of Segment Term after Interest Credited	\$5,000

*Hypothetical examples are for illustrative purposes only and are not a guarantee of any specific results. The hypothetical examples assume no withdrawals were made from the Segment during the Segment Term.

Please retain this form for your records.

One Year Point-to-Point Performance with a Cap with 75% Participation Rate: Hypothetical Examples*

These examples assume a 0% Floor.

Example 1

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	1,070
Index Change	7%
Cap	4%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$200
Annuity Value at end of Segment Term after Interest Credited	\$5,200

Example 2

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	950
Index Change	-5%
Cap	4%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$0
Annuity Value at end of Segment Term after Interest Credited	\$5,000

*Hypothetical examples are for illustrative purposes only and are not a guarantee of any specific results. The hypothetical examples assume no withdrawals were made from the Segment during the Segment Term.

Please retain this form for your records.

One Year Point-to-Point Performance with a Cap with 50% Participation Rate: Hypothetical Examples*

These examples assume a 0% Floor.

Example 1

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	1,070
Index Change	7%
Cap	6%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$175
Annuity Value at end of Segment Term after Interest Credited	\$5,175

Example 2

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	950
Index Change	-5%
Cap	6%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$0
Annuity Value at end of Segment Term after Interest Credited	\$5,000

*Hypothetical examples are for illustrative purposes only and are not a guarantee of any specific results. The hypothetical examples assume no withdrawals were made from the Segment during the Segment Term.

Please retain this form for your records.

One Year Point-to-Point Uncapped

Premium placed in this strategy earns interest at a rate determined by the Participation Rate being multiplied by (The Index Value on the Segment Maturity Date minus the Index Value on the Segment Start Date) divided by the Index Value on the Segment Start Date, no less than the Floor.

The Participation Rate decides how much of the increase in the Index will be used to calculate index-related interest. The Floor is the minimum rate of interest credited to values under this indexed strategy and is applied at the Segment Maturity Date. The Participation Rate and Floor for the initial Segment Term are shown in the Data Section of your Contract. The Participation Rate and Floor will not change during your Segment Term.

A point-to-point strategy may be beneficial when the index is rising, but may reduce the amount of interest you would receive if the Index declines just before the end of a Segment Term. Interest will not be credited until the end of the Segment Term. You assume the risk of earning 0% interest on that portion of your Annuity Value for the Segment Term. If you choose a longer indexing term, make sure you can risk earning 0% interest for the entire term. You assume the risk of earning 0% interest on that portion of your Annuity Value for the Segment Term. *If you choose a longer indexing term, make sure you can risk earning 0% interest for the entire term.*

One Year Point-to-Point Uncapped: Hypothetical Examples*

These examples assume a 0% Floor.

Example 1

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	1,100
Index Change	10%
Participation Rate	40%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$200
Annuity Value at end of Segment Term after Interest Credited	\$5,200

Example 2

Index Value on Segment Start Date	1,000
Index Value on Segment Maturity Date	950
Index Change	-5%
Participation Rate	40%
Annuity Value at Beginning of Segment	\$5,000
Interest Credited at end of Segment Term	\$0
Annuity Value at end of Segment Term after Interest Credited	\$5,000

*Hypothetical examples are for illustrative purposes only and are not a guarantee of any specific results. The hypothetical examples assume no withdrawals were made from the Segment during the Segment Term.

Please retain this form for your records.

The annuity value depends on:

- the amount of premium;
- how you allocate the premium between the interest crediting strategies;
- whether withdrawals have been taken; and
- whether any riders were included.

Features and Riders

The Lifetime Income Rider. The Lifetime Income Rider may be selected at the time of application. If selected, it guarantees a stream of income even if your annuity value reaches zero. The fee for this rider is based on the rider's income base and shall not exceed 1.00% of that value per year. See Lifetime Income Rider Form Series LIR19. Please see separate disclosure for this Rider Form 11154.

Benefits

► How do I get annuity benefit payments from my annuity?

After your Contract is issued, you can withdraw up to 10% of your Annuity Value, as of the beginning of your Contract year, without any surrender charges. Any amount in excess of 10% is subject to a surrender charge. For qualified Contracts: If IRS Minimum Required Distributions are greater than the 10% limit, then we will increase the limit to equal the IRS Minimum Required Distributions so you can withdraw them without incurring any surrender charges.

Prior to the Maturity Date:

- You may make one or more Partial Withdrawals of a portion of the Annuity Value subject to a minimum withdrawal unit of \$250. The minimum annuity value that remains after a partial withdrawal must be at least \$2,000.
- Systematic Withdrawals, subject to a minimum withdrawal amount of \$100, are available and may be started at issue or at some predetermined date in the future. Systematic Withdrawals may be made for a fixed amount or for the interest that has accrued on the Annuity Value since:
 - The issue date, when the option is selected at issue; or
 - The last withdrawal payment, when the option is active; or
 - Since the Contract anniversary.
- You may also Surrender your Contract for the Surrender Value and apply all or a part of the Surrender Value to any of the Settlement Options offered under the Contract. We will not offer a settlement option if the periodic payment is less than \$20.

You may elect to receive the proceeds of your annuity in a lump sum or in a series of payments. We offer a variety of income payment options, including options that will pay you an income guaranteed for life. Your insurance agent can help you make the right choice for your needs at the time you elect to receive your annuity proceeds.

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

Please retain this form for your records.

After the Maturity Date:

You may elect to receive the proceeds of your Contract as a lump sum payment or in a series of periodic annuity payments under any of the Settlement Options offered under the Contract. We will not offer a settlement option if the periodic payment is less than \$20.

If no Settlement Option is elected, the proceeds will be applied to the default option of life annuity with 10 years certain. We offer the following Settlement Options:

- Payments for a Fixed Period - Equal periodic payments will be paid for a fixed number of years.
- Life Annuity with 10 or 20 Years Certain. Equal periodic payments will be paid for as long as the Annuitant lives with payments certain for a fixed period of 10 years or 20 years.
- Life Annuity. Equal periodic payments will be paid for as long as the Annuitant lives with no payments certain; We have no liability upon the Annuitant's death.
- Payments of a Fixed Amount - Equal periodic payments will be paid. Payments will be paid until the total amount applied to this option plus interest is exhausted.
- Interest Payments - The amount applied will be held at interest with periodic payments of interest.

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

► What Happens if the Owner Dies?

If the Owner dies before distributions under a settlement option have begun:

- And the sole beneficiary is your spouse; your spouse may elect to continue the Contract as the sole Owner.
- If not, and the Contract has a Joint Owner, the surviving Owner will become the primary beneficiary and must take distribution.
- If there is no Joint Owner, the Death Benefit (the greater of the Contract's Annuity Value and Surrender Value) will become payable to the named Beneficiary(ies).

► What happens after the Annuitant dies?

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

- If a Contingent Annuitant is named, the Contingent Annuitant becomes the Annuitant.
- If a Contingent Annuitant is not named:
 - If the Owner is a natural person, a new Annuitant may be selected. If a new Annuitant is not selected, the Owner will become the new Annuitant. In the case of Joint Owners, the youngest Owner will become the Annuitant.
 - If the Owner is not a natural person, the death of the Annuitant is treated as the death of the Owner and the Death Benefit becomes payable.
- If the Owner is not a natural person, the Lifetime Income Rider was chosen, and the annuitant is changed, the Lifetime Income Rider will terminate at the time that the annuitant is changed.
 - The Lifetime Income Rider may or may not be available when you purchase this annuity.

If the Annuitant under a Settlement option dies:

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

Please retain this form for your records.

Fees, Expenses & Other Charges

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

You have access to the funds in your annuity Contract through a number of methods including partial withdrawals or even full surrender of your Contract. If you make any withdrawals from an indexed interest crediting strategy during the Segment Term, the amount withdrawn will not be credited with any interest related to an increase in the Index during the Segment Term. The withdrawal will be taken pro rata from each interest crediting strategy in which you are participating.

Surrender Charges

Surrender charges would apply to your Contract if you decided to surrender your Contract in the first seven years, or take a withdrawal in excess of your 10% Surrender Charge Free Withdrawal as explained previously. For qualified Contracts: If IRS Required Minimum Distributions are greater than the 10% limit, we will increase the limit to equal the IRS Required Minimum Distributions so you may withdraw them without incurring any Surrender Charges. These surrender charges, which are expressed as a percentage of the amount withdrawn in excess of the Surrender Charge Free Withdrawal amount, are as follows:

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

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

You may surrender your annuity for its total Surrender Value at any time. The Surrender Value is the greater of the Annuity Value, less any applicable surrender charge, less any outstanding Rider premiums, and less any applicable federal or state premium taxes which have been deducted; or the Minimum Guaranteed Surrender Value. If you have funds allocated to an indexed interest crediting strategy and surrender during the Segment Term, you will not earn interest related to an increase in the Index on the funds withdrawn.

MINIMUM GUARANTEED SURRENDER VALUE. THE MINIMUM GUARANTEED SURRENDER VALUE IS EQUAL TO:

- The Premium multiplied by the Net Consideration Percentage, as shown in the Data Section; minus
- Premium taxes; minus
- Any amounts Withdrawn or Surrendered; plus
- Interest on the above items credited at the Minimum Guaranteed Surrender Value Interest Rate shown in the Data Section.

► Do I pay any other fees or charges?

No. There aren't any other fees or charges on this annuity, unless you purchase a rider.

Please retain this form for your records.

Taxes

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

This will depend on the source of the money you use to purchase your annuity. Federal income tax on annuity earnings is deferred until distributions are taken from the annuity. Also, if your state imposes a premium tax, it may be deducted from the money you receive. You may wish to consult a tax professional for further information.

If you purchase your annuity with qualified funds, such as funds from a qualified retirement plan, tax-sheltered annuities, or other qualified sources, you would not have paid income tax on the money used to purchase the annuity, so the payout you receive will be taxable as income. Distributions taken before age 59½ are subject to a 10% tax penalty unless an exception applies. You should seek the advice of a tax advisor.

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

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

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

Other Information

► What else do I need to know?

- This annuity is designed for people who are willing to let their assets build for at least 7 years.
- This annuity does not participate directly in any stock or equity investments. You aren't buying shares of a stock or an index. Dividends paid on the stocks on which the indices are based don't increase your annuity earnings.
- 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 agent for selling the annuity to you.
- After you receive your Contract, you have a number of days to review your annuity Contract. During that period, if you decide against the purchase, you can return the Contract and receive a complete refund of your premium.
- If you did not have a face to face meeting with your insurance agent 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 policy Owners. 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: AmericanNational.com

This Disclosure is not intended to be a complete explanation of your Contract. Please read your Contract carefully for more complete details. Contact your insurance agent or American National Insurance Company with any questions.

Please retain this form for your records.

The “S&P MARC 5% Index” and the “S&P 500® Index” are products of S&P Dow Jones Indices LLC or its affiliates (“SPDJI”), and has been licensed for use by American National Insurance Company. Standard & Poor’s® and S&P® are registered trademarks of Standard & Poor’s Financial Services LLC (“S&P”); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC (“Dow Jones”); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by American National Insurance Company. It is not possible to invest directly in an index. American National Insurance Company’s Products are not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, any of their respective affiliates (collectively, “S&P Dow Jones Indices”). S&P Dow Jones Indices does not make any representation or warranty, express or implied, to the owners of the American National Insurance Company’s Products or any member of the public regarding the advisability of investing in securities generally or in American National Insurance Company’s Products particularly or the ability of the “S&P MARC 5% Index” and the “S&P 500® Index” to track general market performance. Past performance of an index is not an indication or guarantee of future results. S&P Dow Jones Indices’ only relationship to American National Insurance Company with respect to the “S&P MARC 5% Index” and the “S&P 500® Index” is the licensing of the Index and certain trademarks, service marks and/or trade names of S&P Dow Jones Indices and/or its licensors. The “S&P MARC 5% Index” and the “S&P 500® Index” is determined, composed and calculated by S&P Dow Jones Indices without regard to American National Insurance Company or the American National Insurance Company’s Products. S&P Dow Jones Indices has no obligation to take the needs of American National Insurance Company or the owners of American National Insurance Company’s Products into consideration in determining, composing or calculating the “S&P MARC 5% Index” and the “S&P 500® Index”. S&P Dow Jones Indices is not responsible for and have not participated in the determination of the prices, and amount of American National Insurance Company’s Products or the timing of the issuance or sale of American National Insurance Company’s Products or in the determination or calculation of the equation by which American National Insurance Company’s Products is to be converted into cash, surrendered or redeemed, as the case may be. S&P Dow Jones Indices has no obligation or liability in connection with the administration, marketing or trading of American National Insurance Company’s Products. There is no assurance that investment products based on the “S&P MARC 5% Index” and the “S&P 500® Index” will accurately track index performance or provide positive investment returns. S&P Dow Jones Indices LLC is not an investment or tax advisor. A tax advisor should be consulted to evaluate the impact of any tax-exempt securities on portfolios and the tax consequences of making any particular investment decision. Inclusion of a security within an index is not a recommendation by S&P Dow Jones Indices to buy, sell, or hold such security, nor is it considered to be investment advice.

NEITHER S&P DOW JONES INDICES NOR THIRD PARTY LICENSOR GUARANTEES THE ADEQUACY, ACCURACY, TIMELINESS AND/OR THE COMPLETENESS OF THE “S&P MARC 5% INDEX” AND THE “S&P 500® INDEX” OR ANY DATA RELATED THERETO OR ANY COMMUNICATION, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P DOW JONES INDICES SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS, OR DELAYS THEREIN. S&P DOW JONES INDICES MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES, OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE OR AS TO RESULTS TO BE OBTAINED BY AMERICAN NATIONAL INSURANCE COMPANY, OWNERS OF THE AMERICAN NATIONAL INSURANCE COMPANY’S PRODUCTS, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE “S&P MARC 5% INDEX” AND THE “S&P 500® INDEX” OR WITH RESPECT TO ANY DATA RELATED THERETO. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P DOW JONES INDICES BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE. THERE ARE NO THIRD PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN S&P DOW JONES INDICES AND AMERICAN NATIONAL INSURANCE COMPANY, OTHER THAN THE LICENSORS OF S&P DOW JONES INDICES.

Nasdaq®, Nasdaq 100®, are registered trademarks of Nasdaq, Inc. (which with its affiliates is referred to as the “Corporations”) and are licensed for use by American National Insurance Company. The Product(s) have not been passed on by the Corporations as to their legality or suitability. The Product(s) are not issued, endorsed, sold, or promoted by the Corporations. THE CORPORATIONS MAKE NO WARRANTIES AND BEAR NO LIABILITY WITH RESPECT TO THE PRODUCT(S).

Please retain this form for your records.



Disclosure Statement for ANICO Strategy Indexed Annuity Plus 7 (Client Acknowledgement)

NF

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

Overnight AddressAmerican 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 16 of 16

1 Owner/Annuitant's Statement

I Acknowledge that:

- I am purchasing an ANICO STRATEGY INDEXED ANNUITY PLUS 7 Annuity.
- I have read the ANICO STRATEGY INDEXED ANNUITY PLUS 7 Annuity Product Brochure.
- I have read the ANICO STRATEGY INDEXED ANNUITY PLUS 7 Annuity Disclosure Statement and have kept a copy.
- Purchasing the ANICO STRATEGY INDEXED ANNUITY PLUS 7 Annuity does not give me Ownership of any stock or index.
- Dividends paid on the stocks on which the indices are based do not increase my annuity earnings.
- Past performance of the Index is no guarantee of future results; the Index may lose value.
- The results on any illustration shown to me, other than the guaranteed minimum values, are not guarantees, promises, or warranties.
- This annuity has surrender charges for 7 years; that any withdrawal taken during that time in excess of the 10% free withdrawal amount will incur surrender charges and will reduce the value of my annuity.
- If this annuity is used to fund a qualified annuity, withdrawals made prior to the Owner's attained age 59½ may incur a 10% federally imposed tax penalty. (Please consult your tax advisor.)
- I believe this product meets my financial needs and objectives. If I am replacing my current annuity, I may incur surrender charges; I am subject to a new surrender charge period and I will lose the contractual benefits of my replaced annuity.

Name of Annuitant

X

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

X

Signature of Joint Owner / Trustee / Partner**Date:** Month / Day / Year

2 Agent's Statement

- ☐ I certify receipt of \$ _____ given to purchase an ANICO STRATEGY INDEXED ANNUITY PLUS 7 Annuity Contract.
- ☐ 1035 Exchange ☐ Transfer of Funds

I certify that:

- A complete copy of this Disclosure Statement has been provided to the Owner; and
- I have not made statements that differ from this disclosure nor have I made any promises about the expected future values of this annuity.

X

Signature of Agent**Agent PC Number, SSN, or TIN****► NOTE: This Disclosure is intended to be used with Form Series FPIA19.**

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



Disclosure Statement for Lifetime Income Riders ANICO Strategy Indexed Annuity Plus 7 and 10 (Client Copy)

NF

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

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 11

Summary

A Lifetime Income Rider guarantees that income payments will be payable for life, even if the Annuity Value declines to zero. The following Lifetime Income Riders can be added to the ANICO Strategy Indexed Annuity Plus 7 or the ANICO Strategy Indexed Annuity Plus 10 at issue:

- **Lifetime Income Rider with a Fixed Rate**
- **Lifetime Income Rider with a Fixed Rate Plus Index Credit**

We want to make sure you understand the benefit a Lifetime Income Rider provides. The following is a brief summary of the Lifetime Income Riders. This disclosure is not intended to be a complete explanation of the rider. The exact terms and conditions are detailed in the rider.

You may apply for either Lifetime Income Rider, or no rider at the time you apply for your contract. You cannot apply for either Lifetime Income Rider once your contract has been issued. Please note that there is a cost associated with each rider. The maximum rider issue age is 80.

If you have questions about the Lifetime Income Riders, please contact your Insurance Agent or contact a Company representative at 1-800-252-9546.

For more information, please visit our website: americannational.com.

Income Withdrawals

The Lifetime Income Riders guarantee to pay the owner an income ("**Income Withdrawal(s)**") equal to the **Lifetime Income Percentage** times the **Total Income Base** at the time the owner elects to start Income Withdrawals. The owner can elect to begin receiving Income Withdrawals after the Income Benefit Waiting Period ends and the owner has attained the minimum age for Income Withdrawal (in cases of joint spousal owners, the younger owner.) The Income Benefit Waiting Period is shown in the Data Section of the contract. **The Income Period** is the period during which Income Withdrawals are received and begins on the date of the first Income Withdrawal. The owner can elect to receive less than the Income Withdrawal amount in any year. However, *any Income Withdrawal amounts not taken cannot be added to the Income Withdrawal amount in future years.*

Lifetime Income Percentage

The **Lifetime Income Percentage** depends upon the attained age at which the owner elects to begin receiving Income Withdrawals. Once elected, the Lifetime Income Percentage will remain the same in all years until the rider terminates. A single owner may elect whether the Lifetime Income Percentage will be based on a single life age or a joint life age. If a joint life age is elected, the joint life must be the owner's spouse. If there are joint owners, the Lifetime Income Percentage will be based on a joint life age. Joint owners must be spouses.

Please retain this form for your records.

A chart detailing the single life age Lifetime Income Percentages and the joint life age Lifetime Income Percentages are as follows:

Single Life Age (when income begins)	Single Lifetime Income Percentage	Joint Life Age (when income begins)	Joint Lifetime Income Percentage
50	3.50%	50	3.00%
51	3.60%	51	3.10%
52	3.70%	52	3.20%
53	3.80%	53	3.30%
54	3.90%	54	3.40%
55	4.00%	55	3.50%
56	4.10%	56	3.60%
57	4.20%	57	3.70%
58	4.30%	58	3.80%
59	4.40%	59	3.90%
60	4.50%	60	4.00%
61	4.60%	61	4.10%
62	4.70%	62	4.20%
63	4.80%	63	4.30%
64	4.90%	64	4.40%
65	5.00%	65	4.50%
66	5.10%	66	4.60%
67	5.20%	67	4.70%
68	5.30%	68	4.80%
69	5.40%	69	4.90%
70	5.50%	70	5.00%
71	5.60%	71	5.10%
72	5.70%	72	5.20%
73	5.80%	73	5.30%
74	5.90%	74	5.40%
75	6.00%	75	5.50%
76	6.10%	76	5.60%
77	6.20%	77	5.70%
78	6.30%	78	5.80%
79	6.40%	79	5.90%
80	6.50%	80	6.00%
81	6.60%	81	6.10%
82	6.70%	82	6.20%
83	6.80%	83	6.30%
84	6.90%	84	6.40%
85	7.00%	85	6.50%
86	7.10%	86	6.60%
87	7.20%	87	6.70%
88	7.30%	88	6.80%
89	7.40%	89	6.90%
90*	7.50%	90*	7.00%

*To be used for ages 90 and above.

Please retain this form for your records.

Total Income Base

The Total Income Base is equal to the **Initial Premium Income Base** plus the **Renewal Premium Income Base**.

The **Initial Premium Income Base** is equal to the premium received on the Date of Issue plus any Rider Premium Enhancement if offered by Us. The Initial Premium Income Base will be credited rider interest at an **Initial Premium Income Base Growth Rate** during the **Income Base Growth Period**, and index credits if applicable, until the owner elects to begin Income Withdrawals. If the owner elects Income Withdrawals before the end of Income Base Growth Period, no additional rider interest or index credits will be credited to the Initial Premium Income Base. The Initial Premium Income Base Growth Rate and the Income Base Growth Rate are shown in the Data Section of the contract.

The **Renewal Premium Income Base** is equal to the premium received after the Date of Issue until the earlier of (i) the end of the Income Base Growth Period; or (ii) the start of the Income Period. Applicable premiums received will increase the Renewal Premium Income Base dollar-for-dollar. The Renewal Premium Income Base will not be credited any rider interest or index credits.

Income Withdrawals do not reduce the Total Income Base. The Total Income Base cannot be withdrawn in a lump sum. If the Annuity Value is greater than the Total Income Base when the owner elects to start Income Withdrawals, the Total Income Base will be increased to the Annuity Value.

Excess Withdrawals

The Total Income Base and Income Withdrawal amount do not change once Income Withdrawals have begun unless (i) a Partial Surrender is taken during the Income Base Growth Period; or (ii) an Excess Withdrawal is taken. An Excess Withdrawal is a withdrawal that exceeds the Income Withdrawal amount during the Income Period.

The Total Income Base and all future Income Withdrawals will be reduced downward if: (i) a Partial Surrender is taken during the Income Base Growth Period; or (ii) an Excess Withdrawal is taken. The Total Income Base and future Income Withdrawals will be reduced by the percentage reduction to the Annuity Value due to the withdrawal. The Renewal Premium Income Base will be reduced first, and the excess will reduce the Initial Premium Income Base.

Excess Withdrawal Example	
Beginning of Day Annuity Value	\$100,000
Excess Withdrawal	\$10,000
Beginning of Day Total Income Base	\$120,000
Reduction Percentage	=Excess Withdrawal / Beginning of Day Annuity Value =\$10,000 / \$100,000 =10%
Income Base Reduction	=Reduction Percentage x Beginning of Day Total Income Base =10% x \$120,000 =\$12,000
End of Day Total Income Base	=Beginning of Day Total Income Base – Income Base Reduction =\$120,000 – \$12,000 =\$108,000

Effect on Contract

All Income Withdrawals reduce the contract's Annuity Value, Surrender Value, Death Benefit, and the 10% Surrender Charge Free Withdrawal Privilege.

Hypothetical Examples for Total Income Base

Please retain this form for your records.

These Hypothetical Examples are for illustrative purposes only and are not a guarantee of any specific results. The values used are hypothetical and not based upon historical performance of the S&P 500® Index, S&P MARC 5% Index, or NASDAQ-100 Index®. These Hypothetical Examples assume no Excess Withdrawals were made from the Annuity Value during the Income Base Growth Period, and that no Income Withdrawals have begun under the Lifetime Income Rider. Please refer to your contract and contract data page for purposes of determining the specific details of your contract. Different accumulation interest rates, income base growth rate, income base growth period will produce different results.

► Lifetime Income Rider with a Fixed Rate Hypothetical Example

The Total Income Base is determined mathematically as follows:

- **Total Income Base** = Initial Premium Income Base + Renewal Premium Income Base
- **Initial Premium Income Base** = Initial Premium x (1+Rider Premium Enhancement) x (1+Initial Premium Income Base Growth Rate) ^ (Lesser of number of years since contract was issued or Income Base Growth Period)
- **Renewal Premium Income Base** = Total renewal premiums paid before the earlier of the end of the Income Base Growth Period and beginning of the Income Period

Assumptions	
Initial Premium	\$100,000
Renewal Premium	\$10,000 annually
Premium Enhancement	None
Rider Premium Enhancement	None
Initial Premium Income Base Growth Rate	7.2%
Income Base Growth Period	10 years

Initial Premium Income Base at Issue	\$100,000.00	(\$100,000.00 x (1.00))
Initial Premium Income Base at End of Contract Year 1	\$107,200.00	(\$100,000.00 x (1.00) x (1.072) ^ 1))
Initial Premium Income Base at End of Contract Year 5	\$141,570.88	(\$100,000.00 x (1.00) x (1.072) ^ 5))
Initial Premium Income Base at End of Contract Year 10	\$200,423.14	(\$100,000.00 x (1.00) x (1.072) ^ 10))
Initial Premium Income Base at End of Contract Year 15	\$200,423.14	(\$100,000.00 x (1.00) x (1.072) ^ 10))

Renewal Premium Income Base at Issue	\$0	(\$10,000.00 x 0)
Renewal Premium Income Base at End of Contract Year 1	\$10,000.00	(\$10,000.00 x 1)
Renewal Premium Income Base at End of Contract Year 5	\$50,000.00	(\$10,000.00 x 5)
Renewal Premium Income Base at End of Contract Year 10	\$100,000.00	(\$10,000.00 x 10)
Renewal Premium Income Base at End of Contract Year 15	\$100,000.00	(\$10,000.00 x 10)

Total Income Base at Issue	\$100,000.00	(\$100,000.00 + \$0.00)
Total Income Base at End of Contract Year 1	\$117,200.00	(\$107,200.00 + \$10,000.00)
Total Income Base at End of Contract Year 5	\$191,570.88	(\$141,570.88 + \$50,000.00)
Total Income Base at End of Contract Year 10	\$300,423.14	(\$200,423.14 + \$100,000.00)
Total Income Base at End of Contract Year 15	\$300,423.14	(\$200,423.14 + \$100,000.00)

Please retain this form for your records.

► Lifetime Income Rider with a Fixed Rate Plus Index Credit Hypothetical Example

The following hypothetical demonstrates how the Rider Index Credit Amount and corresponding Total Income Base amount are calculated. Please refer to your contract and contract data page for purposes of determining the specific details of your contract. Different accumulation interest rates, income base growth rate, income base growth period will produce different results.

Assumptions (No Premium Enhancement, or Rider Premium Enhancement assumed)	
Annuity Issue Date	1-1-2020
Premium	\$100,000 paid 1-1-2020 \$50,000 paid 7-1-2020
Premium Allocation	50% Declared Rate Strategy 50% Indexed Strategy with a One-Year Segment Term
Initial Premium Income Base Growth Rate	4.2%
Income Base Growth Period	10 years
Index Credit Percent from 1-1-2020 to 1-1-2021	5.00%
Index Credit Percent from 7-1-2020 to 7-1-2021	3.00%

Column Descriptions for the Following Table:

- **Index Credit Amount (X), (Y)**
The amount of index interest credited to segments maturing on the given segment maturity date.
- **Index Strategy Value Before Credit (Z)**
The total amount of annuity value in indexed strategies before the index credit amount is credited.

Date	Combined	Premium 1 (\$100,000)			Premium 2 (\$50,000)		
	(Z) Index Strategy Value Before Credit	Amount Allocated to Index Strategy (50%)	Index Credit Percent	(X) Index Credit Amount	Amount Allocated to Index Strategy (50%)	Index Credit Percent	(Y) Index Credit Amount
Premium 1/1/2020	\$50,000	\$50,000	-	-	-	-	-
Premium 7/1/2020	\$75,000	\$50,000	-	-	\$25,000	-	-
Segment Maturity 1/1/2021	\$75,000	\$50,000	5.00%	\$2,500	\$25,000	-	-
Segment Maturity 7/1/2021	\$77,500	\$52,500	-	-	\$25,000	3.00%	\$750

Column Descriptions for the Following Table:

- **Rider Index Credit Percent**
This is the percentage used to credit the Initial Premium Income Base on the given segment maturity date. This percentage is equal to the Index Credit Amount on the given maturity date (e.g. (X) or (Y)) divided by the Index Strategy Value Before Credit (Z).
- **Rider Index Credit Amount**
The Rider Index Credit Amount is equal to the Rider Index Credit Percent multiplied by the Initial Premium Income Base at the beginning of the day.

Please retain this form for your records.

- **Beginning of Day Initial Premium Income Base**

The amount of the Initial Premium Income Base before Rider Index Credit Amount is applied.

- **End of Day Initial Premium Income Base**

This amount is equal to Beginning of Day Initial Premium Income Base plus Rider Index Credit Amount.

	Income Base Values							
						(A)	(B)	(A)+(B)
Date	Rider Index Credit Percent		Beginning of Day Initial Premium Income Base		Rider Index Credit Amount	End of Day Initial Premium Income Base	Renewal Premium Income Base	Total Income Base
Premium 1/1/2020	-		\$100,000		-	\$100,000	-	\$100,000
Premium 7/1/2020	-		\$102,073		-	\$102,073	\$50,000	\$152,073
Segment Maturity 1/1/2021	X/Z = 3.33%	x	\$104,212	=	\$3,474	\$107,685	\$50,000	\$157,685
Segment Maturity 7/1/2021	Y/Z = 0.97%	x	\$109,905	=	\$1,071	\$110,976	\$50,000	\$160,976

Lifetime Income Rider with a Fixed Rate

► Impact of Partial and Excess Withdrawals to Total Income Base and Income Withdrawal Hypothetical Examples

The following hypothetical examples are for illustrative purposes only and assume an election to begin receiving Income Withdrawals was made during the eleventh contract year, at the end of the Income Base Growth Period. Please refer to your contract and contract data page for purposes of determining the specific details of your contract. Different accumulation interest rates, income base growth rate, income base growth period will produce different results.

Three scenarios are shown with illustrative tables. The examples use the same set of assumptions described below. Scenarios B and C differ from the baseline scenario by introducing a partial or excess withdrawal. These scenarios can be compared to demonstrate the impact of taking partial or excess withdrawals to future Total Income Base and Income Withdrawal values.

Scenario A: Baseline

Scenario B: Partial Withdrawal

Scenario C: Excess Withdrawal

Assumptions	
Issue Age	55
Premium Received	\$100,000 Year 1 \$5,000 Years 2-4
Premium Enhancement	None
Premium Allocation	100% Declared Rate Strategy
Declared Interest Rate	3.00%
Lifetime Income Percentage (Single Life Attained Age 65)	5.00%
Annual Rider Premium Rate	1.00%
Rider Premium Enhancement	None
Income Base Growth Rate	7.20%
Income Base Growth Period	10 Years

Please retain this form for your records.

► **Scenario A: Baseline**

Income Withdrawals begin during year eleven, and no additional withdrawals are taken.

- **Total Income Base Year 11:** \$215,423
- **Income Withdrawal Amount Year 11:** \$10,771

Yr	Premium	Annuity Value before Withdrawal	Income Withdrawal Amount	Excess/ Partial Withdrawal (Gross)	(A) Initial Premium Income Base	(B) Renewal Premium Income Base	(A) + (B) Total Income Base	Annual Rider Premium Deducted	Interest Credited	End of Year Annuity Value
1	\$100,000	\$100,000	\$0	\$0	\$100,000	\$0	\$100,000	\$1,072	\$3,000	\$101,928
2	\$5,000	\$106,928	\$0	\$0	\$107,200	\$5,000	\$112,200	\$1,149	\$3,208	\$108,987
3	\$5,000	\$113,987	\$0	\$0	\$114,918	\$10,000	\$124,918	\$1,232	\$3,420	\$116,174
4	\$5,000	\$121,174	\$0	\$0	\$123,193	\$15,000	\$138,193	\$1,321	\$3,635	\$123,489
5	\$0	\$123,489	\$0	\$0	\$132,062	\$15,000	\$147,062	\$1,416	\$3,705	\$125,778
10	\$0	\$134,514	\$0	\$0	\$186,962	\$15,000	\$201,962	\$2,004	\$4,035	\$136,545
11	\$0	\$136,545	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$2,004	\$3,773	\$127,543
15	\$0	\$98,883	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$2,004	\$2,643	\$88,751
20	\$0	\$45,091	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$2,004	\$1,030	\$33,345
21	\$0	\$33,345	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$2,004	\$677	\$21,247
25	\$0	\$0	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$0	\$0	\$0

► **Scenario B: Partial Withdrawal**

A Partial Withdrawal of \$25,000 is taken during year 5, during the Income Base Growth Period, resulting in a decrease to the Total Income Base and Income Withdrawal Amount compared to the baseline scenario.

- **Total Income Base Year 11:** \$178,004
- **Income Withdrawal Amount Year 11:** \$8,900

Yr	Premium	Annuity Value before Withdrawal	Income Withdrawal Amount	Excess/ Partial Withdrawal (Gross)	(A) Initial Premium Income Base	(B) Renewal Premium Income Base	(A) + (B) Total Income Base	Annual Rider Premium Deducted	Interest Credited	End of Year Annuity Value
1	\$100,000	\$100,000	\$0	\$0	\$100,000	\$0	\$100,000	\$1,072	\$3,000	\$101,928
2	\$5,000	\$106,928	\$0	\$0	\$107,200	\$5,000	\$112,200	\$1,149	\$3,208	\$108,987
3	\$5,000	\$113,987	\$0	\$0	\$114,918	\$10,000	\$124,918	\$1,232	\$3,420	\$116,174
4	\$5,000	\$121,174	\$0	\$0	\$123,193	\$15,000	\$138,193	\$1,321	\$3,635	\$123,489
5	\$0	\$123,489	\$0	\$25,000	\$117,290	\$0	\$117,290	\$1,257	\$2,955	\$100,186
10	\$0	\$106,499	\$0	\$0	\$166,048	\$0	\$166,048	\$1,780	\$3,195	\$107,914
11	\$0	\$107,914	\$8,900	\$0	\$178,004	\$0	\$178,004	\$1,780	\$2,970	\$100,204
15	\$0	\$75,659	\$8,900	\$0	\$178,004	\$0	\$178,004	\$1,780	\$2,003	\$66,981
20	\$0	\$29,589	\$8,900	\$0	\$178,004	\$0	\$178,004	\$1,780	\$621	\$19,529
21	\$0	\$19,529	\$8,900	\$0	\$178,004	\$0	\$178,004	\$1,780	\$319	\$9,168
25	\$0	\$0	\$8,900	\$0	\$178,004	\$0	\$178,004	\$0	\$0	\$0

Please retain this form for your records.

► Scenario C: Excess Withdrawal

An Excess Withdrawal of \$25,000 is taken in year 20, during the Income Period. The Income Withdrawal Amount and Total Income Base are the same as the baseline scenario for years 11-20, and decreases for years 21+ after the Excess Withdrawal is taken.

- **Total Income Base Year 11:** \$215,423
- **Income Withdrawal Amount Year 11:** \$10,771
- **Total Income Base Year 21:** \$58,500
- **Income Withdrawal Amount Year 21:** \$2,925

Yr	Premium	Annuity Value before Withdrawal	Income Withdrawal Amount	Excess/ Partial Withdrawal (Gross)	(A) Initial Premium Income Base	(B) Renewal Premium Income Base	(A) + (B) Total Income Base	Annual Rider Premium Deducted	Interest Credited	End of Year Annuity Value
1	\$100,000	\$100,000	\$0	\$0	\$100,000	\$0	\$100,000	\$1,072	\$3,000	\$101,928
2	\$5,000	\$106,928	\$0	\$0	\$107,200	\$5,000	\$112,200	\$1,149	\$3,208	\$108,987
3	\$5,000	\$113,987	\$0	\$0	\$114,918	\$10,000	\$124,918	\$1,232	\$3,420	\$116,174
4	\$5,000	\$121,174	\$0	\$0	\$123,193	\$15,000	\$138,193	\$1,321	\$3,635	\$123,489
5	\$0	\$123,489	\$0	\$0	\$132,062	\$15,000	\$147,062	\$1,416	\$3,705	\$125,778
10	\$0	\$134,514	\$0	\$0	\$186,962	\$15,000	\$201,962	\$2,004	\$4,035	\$136,545
11	\$0	\$136,545	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$2,004	\$3,773	\$127,543
15	\$0	\$98,883	\$10,771	\$0	\$200,423	\$15,000	\$215,423	\$2,004	\$2,643	\$88,751
20	\$0	\$45,091	\$10,771	\$25,000	\$58,500	\$0	\$58,500	\$585	\$280	\$9,014
21	\$0	\$9,014	\$2,925	\$0	\$58,500	\$0	\$58,500	\$585	\$183	\$5,687
25	\$0	\$0	\$2,925	\$0	\$58,500	\$0	\$58,500	\$0	\$0	\$0

We do not recommend you take a Partial Withdrawal during the Income Base Growth Period or an Excess Withdrawal during the Income Period as they will substantially reduce the Total Income Base and the amount of Income Withdrawals in later years.

Annual Rider Premium Charge

There is a premium charge for this rider. The premium charge is taken directly from the Annuity Value each year and it is payable from the date the contract is issued until the rider terminates. **The Lifetime Income Rider premium charge is shown in your contract Data Page.** If the contract is surrendered, we will deduct the prorated premium charge from the Surrender Value. The premium charge will not reduce the minimum guaranteed surrender value.

Termination; Change in Ownership

The owner(s) can terminate this rider at any time and the premium charge will be prorated. **Either Lifetime Income Rider will terminate when there is a change in the ownership of the contract, except in the case of the following:**

- Divorce;
- The assignee assumes full ownership of the contract and is essentially the same person (e.g. an individual ownership changed to a personal revocable trust, a joint ownership of husband and wife changed to the surviving spouse when one of them dies, a change to the owner's spouse during the owner's lifetime, a change to a court appointed guardian representing the owner during the owner's lifetime); and
- The assignment is for the purposes of effectuating a 1035 exchange of the contract.

Otherwise, the rider will terminate when the contract terminates.

Please retain this form for your records.

Divorce and Death of Joint Owners

If joint owners divorce after the Date of Issue, a request to reduce or divide benefits will be treated as a request for a surrender which will be subject to any applicable taxes, and surrender charges may apply.

If joint owners divorce after Income Period begins, a request to reduce or divide benefits will be considered an Excess Withdrawal above the Income Withdrawal amount. Please refer to Excess Withdrawal provision above.

If joint owners divorce before Income Period begins, the remaining owner will be considered a single owner for rider election purposes.

If joint owners divorce after Income Period begins, the Income Withdrawals will continue to the spouse granted ownership of the contract, as long as that spouse lives.

If one of the joint owners dies, the surviving owner may elect to continue the contract including receiving Income Withdrawals. If the surviving owner continues this rider, the Total Income Base and Income Withdrawal amount will remain the same.

Death of Single Owner

If the rider is issued to single owner, and the owner subsequently dies, the surviving spouse may elect to continue the contract including receiving Income Withdrawals. If the death of the single owner occurs after Income Withdrawals have begun based on a joint life age, the same Income Withdrawals will continue to the surviving spouse for as long as they live. If a single owner elected a single life age, the death benefit will become the new Total Income Base and the Income Withdrawals will be recalculated using the surviving spouse's attained age and the single life age Lifetime Income Percentage from the chart in this Disclosure Statement. If Income Withdrawals have not begun, the surviving spouse may continue the contract and the current Total Income Base value will continue to accumulate rider interest and index credits during the Income Base Growth Period or until Income Period begins.

Please retain this form for your records.

The "S&P MARC 5% Index" and the "S&P 500® Index" are products of S&P Dow Jones Indices LLC or its affiliates ("SPDJI"), and has been licensed for use by American National Insurance Company. Standard & Poor's® and S&P® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by American National Insurance Company. It is not possible to invest directly in an index. American National Insurance Company's Products are not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, any of their respective affiliates (collectively, "S&P Dow Jones Indices"). S&P Dow Jones Indices does not make any representation or warranty, express or implied, to the owners of the American National Insurance Company's Products or any member of the public regarding the advisability of investing in securities generally or in American National Insurance Company's Products particularly or the ability of the "S&P MARC 5% Index" and the "S&P 500® Index" to track general market performance. Past performance of an index is not an indication or guarantee of future results. S&P Dow Jones Indices' only relationship to American National Insurance Company with respect to the "S&P MARC 5% Index" and the "S&P 500® Index" is the licensing of the Index and certain trademarks, service marks and/or trade names of S&P Dow Jones Indices and/or its licensors. The "S&P MARC 5% Index" and the "S&P 500® Index" is determined, composed and calculated by S&P Dow Jones Indices without regard to American National Insurance Company or the American National Insurance Company's Products. S&P Dow Jones Indices has no obligation to take the needs of American National Insurance Company or the owners of American National Insurance Company's Products into consideration in determining, composing or calculating the "S&P MARC 5% Index" and the "S&P 500® Index". S&P Dow Jones Indices is not responsible for and have not participated in the determination of the prices, and amount of American National Insurance Company's Products or the timing of the issuance or sale of American National Insurance Company's Products or in the determination or calculation of the equation by which American National Insurance Company's Products is to be converted into cash, surrendered or redeemed, as the case may be. S&P Dow Jones Indices has no obligation or liability in connection with the administration, marketing or trading of American National Insurance Company's Products. There is no assurance that investment products based on the "S&P MARC 5% Index" and the "S&P 500® Index" will accurately track index performance or provide positive investment returns. S&P Dow Jones Indices LLC is not an investment or tax advisor. A tax advisor should be consulted to evaluate the impact of any tax-exempt securities on portfolios and the tax consequences of making any particular investment decision. Inclusion of a security within an index is not a recommendation by S&P Dow Jones Indices to buy, sell, or hold such security, nor is it considered to be investment advice.

NEITHER S&P DOW JONES INDICES NOR THIRD PARTY LICENSOR GUARANTEES THE ADEQUACY, ACCURACY, TIMELINESS AND/OR THE COMPLETENESS OF THE "S&P MARC 5% INDEX" AND THE "S&P 500® INDEX" OR ANY DATA RELATED THERETO OR ANY COMMUNICATION, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P DOW JONES INDICES SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS, OR DELAYS THEREIN. S&P DOW JONES INDICES MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES, OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE OR AS TO RESULTS TO BE OBTAINED BY AMERICAN NATIONAL INSURANCE COMPANY, OWNERS OF THE AMERICAN NATIONAL INSURANCE COMPANY'S PRODUCTS, OR ANY OTHER PERSON OR ENTITY FROM THE USE OF THE "S&P MARC 5% INDEX" AND THE "S&P 500® INDEX" OR WITH RESPECT TO ANY DATA RELATED THERETO. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P DOW JONES INDICES BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE. THERE ARE NO THIRD PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN S&P DOW JONES INDICES AND AMERICAN NATIONAL INSURANCE COMPANY, OTHER THAN THE LICENSORS OF S&P DOW JONES INDICES.

Nasdaq®, Nasdaq 100®, are registered trademarks of Nasdaq, Inc. (which with its affiliates is referred to as the "Corporations") and are licensed for use by American National Insurance Company. The Product(s) have not been passed on by the Corporations as to their legality or suitability. The Product(s) are not issued, endorsed, sold, or promoted by the Corporations. **THE CORPORATIONS MAKE NO WARRANTIES AND BEAR NO LIABILITY WITH RESPECT TO THE PRODUCT(S).**

Please retain this form for your records.



Disclosure Statement for Lifetime Income Riders ANICO Strategy Indexed Annuity Plus 7 and 10 (Client Acknowledgement)

NF

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

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 11 of 11

1 Owner/Annuitant's Rider Disclosure Statement

I confirm that I am purchasing a Lifetime Income Rider as part of my purchase of the ANICO Strategy Indexed Annuity Plus 7 or an ANICO Strategy Indexed Annuity Plus 10.

I understand that:

- There is a cost associated with the Lifetime Income Rider that I have selected.
- The Lifetime Income Rider can only be added at the time I apply for my contract.
- I can terminate the Lifetime Income Rider at any time after issue.

Name of Annuitant

X _____
Signature of Owner

Date: Month / Day / Year

X _____
Signature of Joint Owner

Date: Month / Day / Year

2 Insurance Agent's Statement

I certify that the Lifetime Income Rider and disclosure material have 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 the Lifetime Income Rider.

X _____
Signature of Insurance Agent

Insurance Agent PC Number, SSN, or TIN
(Must be provided)

- **NOTE:**
- Information provided is not intended to be legal or tax advice. You should consult with your attorney or tax advisor for your specific circumstances.
 - This Rider Disclosure Statement is intended to be used with Form Series LIR19.



Important Notice to Applicant Replacing an Annuity Contract

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

F

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

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

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

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

Please explain:

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

5 State-Specific Disclosures

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

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

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

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

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

6 Acknowledgement and Signatures

Did you fully complete all the previous suitability questions?

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

Owner/Trustee/Partner Section:

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

X _____
Signature of Owner/Trustee/Partner

Date: Month / Day / Year

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

Date: Month / Day / Year

Insurance Agent Section:

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

X _____
Signature of Insurance Agent

Date: Month / Day / Year

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

Owner/Trustee/Partner Section:

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

X _____
Signature of Owner/Trustee/Partner

Date: Month / Day / Year

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

Date: Month / Day / Year

Insurance Agent Section:

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

X _____
Signature of Insurance Agent

Date: Month / Day / Year

► NOTE TO INSURANCE AGENT:

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

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

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

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

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

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

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

☐ **Corporation, LLC, Professional Association**

☐ **Limited Partnership**

☐ **General Partnership or Joint Venture**

☐ **Trust and All Other Entities**

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

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

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

Reason for not reviewing document: _____

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

x _____

Insurance Agent Signature

Date: Month / Day / Year



Premium Receipt

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

NF

Overnight Address American National Insurance Company, Mail Processing Center,
Attn: Annuity 10427, 1949 E. Sunshine St., Springfield, MO 65899-0001
Mailing Address PO Box 10427, Springfield, MO 65808-0427 / **Phone** 1-800-252-9546



Payment Receipt

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

Payor _____ Date _____

Annuitant _____

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

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

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



Non-Qualified Transfer and 1035 Exchange Request

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

NF

page 1 of 3



Complete this form for Non-Qualified Accounts Only

1. Funds Coming From

CHECK ONE:

☐ New Sale

☐ Existing Policy/Contract/Account Number: _____

Transfer Company Policy/Contract/Account Information:

Transfer Company Name: _____

Transfer Company Phone Number: _____

Transfer Company Fax Number: _____

Transfer Company Address: Number/Street _____

City _____

State _____

Zip _____

Name of Insured/Annuitant*: _____

Social Security Number: _____

Name of Owner: _____

Social Security Number: _____

Name of Joint Owner: _____

Social Security Number: _____

Policy/Contract/Account Number with Transfer Company: _____

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

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

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

☐ Immediately

☐ Upon Maturity: ____/____/____

☐ Full 1035 Exchange \$ _____

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

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

☐ Partial 1035 Exchange ☐ \$ _____ ☐ _____ %

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

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

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

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



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

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

☐ Immediately

☐ Upon Maturity: ____/____/____

☐ **Mutual Funds Shares**

☐ **Certificate of Deposit**

☐ **Brokerage Account**

☐ **Money Market**

☐ **Other** _____

I wish to liquidate and transfer:

☐ **Entire Value**

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

4. Policy/Contract/Account Statement

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

☐ Certificate of Lost Policy/Contract/Account

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

5. Special Instructions

6. Signatures

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

I/We authorize the transaction described above.

For the benefit of: _____

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

x _____
Signature of Insured/Annuitant

x _____
Signature of Joint Annuitant (for Immediate Annuities)

x _____
Signature of Owner (if other than Annuitant)

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

x _____
Signature of Guarantee (if Required)

x _____
Signature of Agent

x _____
Signature of Witness

x _____
Signature of Witness



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

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

☐ **Annuity Services Department**

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

If shipping via overnight service:

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

☐ **Variable Contracts Department**

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

If shipping via overnight service:

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

☐ **Life New Business**

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

If shipping via overnight service:

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

Please make check payable to: American National Insurance Company

By _____ Date _____
(Signature/Title)

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



Qualified Transfer or Rollover Request

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

NF

page 1 of 3



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

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

1. Funds Coming From

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

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

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

Name of Owner: _____ Social Security Number: _____

Policy/Contract/Account Number with Transfer Company: _____

► NOTE:

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

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

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

Please send these funds to American National Insurance Company

☐ Immediately ☐ Effective Date: _____

3. Only Complete This Section for Transfer Requests

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

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

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

X _____
Signature of Owner Date

X _____
Signature of Agent Date

X _____
Signature of Guarantee (if required) Date

Signature Requirements:

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



4. Only Complete This Section for Direct Rollover Requests

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

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

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

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

into an

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

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

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

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

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

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

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

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

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

X _____
 Signature of Owner Date

X _____
 Signature of Agent Date

X _____
 Signature of Guarantee (if required) Date

Signature Requirements:

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



5. Policy/Contract/Account Statement

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

☐ Certificate of Lost Policy/Contract/Account

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

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

6. Required Minimum Distribution (RMD) Information

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

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

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

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

7. Special Instructions

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

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

☐ **ANNUITY SERVICES DEPARTMENT**

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

If shipping via overnight service:

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

☐ **VARIABLE CONTRACTS DEPARTMENT**

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

If shipping via overnight service:

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

Please make check payable to: American National Insurance Company

By _____ Date _____
(Signature/Title)