



# Application for Annuity

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



page 1 of 4 Overnight Address: 4500 Lockhill-Selma Road, San Antonio, TX 78249 Mailing Address: PO Box 696763, San Antonio, TX 78269 Phone Number: 1-800-252-9546

## 1. ANNUITANT

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender  M  F |  Yes  No  
 U.S. Citizen  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. OWNER (If other than Annuitant. If IRA or TSA, the Owner and Annuitant must be the same person.)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Gender  M  F |  Yes  No  
 U.S. Citizen  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust, Corporation, or Charity is named as Owner, copy of Trust Agreement or Corporate Resolution must be provided.

## 3. JOINT OWNER (Not available with Qualified plans)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Relationship to Owner \_\_\_\_\_ Gender  M  F  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust, Corporation, or Charity is named as Owner, copy of Trust Agreement or Corporate Resolution must be provided.

## 4. PRIMARY BENEFICIARY (A Date of Birth and SSN is required for each beneficiary. Complete Additional Beneficiary Page if additional space is needed.)

A. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Percent Payable \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  M  F  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust is named as Beneficiary, provide date trust was created. Month | \_\_\_\_\_ Day | \_\_\_\_\_ Year | \_\_\_\_\_

B. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Percent Payable \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  M  F  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_  SSN  TIN  EIN \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Daytime telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Note: If a Trust is named as Beneficiary, provide date trust was created. Month | \_\_\_\_\_ Day | \_\_\_\_\_ Year | \_\_\_\_\_

## 5. NAME OF ANNUITY PRODUCT APPLIED FOR (A signed copy of the product disclosure form given to owner must be submitted.)

\_\_\_\_\_

## 6. APPLIED FOR ANNUITY TYPE

**NON-QUALIFIED**  **QUALIFIED** If Qualified, check the type of plan.  
 CASH WITH APPLICATION  ROLLOVER  IRA  SEP  PENSION PLAN  
 1035 Exchange  TRANSFER  Roth IRA  TSA-403b (Profit Sharing or Defined Benefit)  
 CASH WITH APPLICATION  Other \_\_\_\_\_

(ANICO does not offer SIMPLE IRA's)

Amount paid with application \$ \_\_\_\_\_ (Check must be payable to American National Insurance Company.)

If a 1035 Exchange, Rollover, or Transfer is occurring, the expected premium amount is \$ \_\_\_\_\_.



**7. BILLING DATA FOR FLEXIBLE ANNUITY USE ONLY. (Minimum additional premium \$100 EFT)**

MODE:  Annual  Semiannual  Quarterly  Monthly Amount \$ \_\_\_\_\_  
METHOD:  Direct  EFT (attach voided check)  Government Allotment  Salary Deduction\*

\*Complete for salary deduction selection: Franchise Name | \_\_\_\_\_ Franchise Number | \_\_\_\_\_

**8. RIDER SELECTION AND INITIAL PREMIUM ALLOCATION**

**Only complete for applicable index annuity products when appropriate.  
Not all products may be available in all states. Check product availability for your state.**

**ANICO Strategy Indexed Annuity** Riders may only be added at issue

Lifetime Income Rider  Enhanced Death Benefit Rider

Initial Premium Allocation  
Declared Interest Option \_\_\_\_\_ %  
Indexed Interest Option \_\_\_\_\_ %  
Total 100 %

**9. INCOME OPTIONS - FOR IMMEDIATE ANNUITIES ONLY Complete a W-4P for withholdings**

**Single Life Payout Options**

- With Cost of Living Adjustment**
  - Life Only
  - Life with Certain Period \_\_\_\_\_ years (5 - 20)
  - Certain Period \_\_\_\_\_ years (5 - 30)
  - Fixed Amount for \_\_\_\_\_ years or \$ \_\_\_\_\_

**Joint Life Payout Options**

- With Cost of Living Adjustment**
  - Joint to Survivor
  - Joint to Spouse
  - Payments to be made for a Certain Period of \_\_\_\_\_ years (5 -20)

Joint Annuitant Name: | \_\_\_\_\_

SSN  TIN | \_\_\_\_\_ Gender  M  F

Date of Birth \_\_\_\_\_ U.S. Citizen  Y  N

Payments will be \_\_\_\_\_ % upon death of 1st life

**Single Life Payout Options - Cost of Living Adjustment not available:**

- Life Cash Refund
- Life Installment Refund

**If you have elected a Cost of Living Adjustment, please complete the following:**

- Simple Interest at \_\_\_\_\_% (1-5)  Compound Interest at \_\_\_\_\_% (1-5)

Frequency of Payments:  Monthly  Quarterly  Semiannual  Annual Date Payments to Start | \_\_\_\_\_

Method:  EFT (Attach Voided Check)

**10. TOTAL INSURANCE/ANNUITIES IN FORCE ON PROPOSED ANNUITANT**

- Yes  No Do you have existing life insurance or annuity coverage?
- Yes  No Will the annuity applied for replace or use cash values of any existing life insurance or annuity issued by any company?

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

**FRAUD WARNING**

Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

**APPLICATION SIGNATURES**

To the best of my knowledge and belief, the statements and answers in this application are true and complete.

Under penalty of perjury, I certify that: 1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 2.) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3.) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**For Equity Indexed Products:**

**I understand that I am applying for an Equity Indexed Annuity and the values of the policy may be affected by an external index and the policy does not directly participate in any stock or equity investments.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(State) (Day) (Month) (Year)

Signature of Annuitant

Signature of Joint Annuitant (For Immediate Annuities)

Signature of Owner, if other than Annuitant

Signature of Joint Owner, if other than Annuitant

Signature of Agent





**Premium Receipt**  
**American National Insurance Company**  
**One Moody Plaza, Galveston, Texas 77550-7947**

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

Received from \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

the sum of (\$ \_\_\_\_\_) in cash as premium on an annuity on the life of \_\_\_\_\_

for which an application has been made to this company, bearing the same number and date as this receipt.

Signature of soliciting agent \_\_\_\_\_

Print agent's name \_\_\_\_\_

The company accepts payment by check, draft, or money order subject to its being honored upon presentation. Checks, drafts, or money orders must be made payable to American National Insurance Company. Do not leave payee blank or make payable to agent.