



# USA Patriot Act Notification and Customer Identification Verification

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7999



1. **Client Name** \_\_\_\_\_ **Application or Policy Number** \_\_\_\_\_

**Source of Funds**  W-2 Wages  Investments  Social Security or Pension  Savings  another insurance contract  
 Other (please explain) \_\_\_\_\_

**USA PATRIOT Act Notice – to be read by or to customer.**

2. The USA PATRIOT Act requires that we establish an Anti-Money Laundering (“AML”) Program, notify customers that we must verify the identity of the owner(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that 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** In order to satisfy such obligations, we require our representative 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 recorded below. We may use third party sources to verify the information provided.

- a. **Identification Verified** (One for each Owner/Trustee/Partner. Use additional forms if necessary.)
 

<u>Owner/Trustee/Partner</u> Check one form of ID: <input type="checkbox"/> Driver’s license <input type="checkbox"/> Resident Alien ID (Green Card) <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Describe) _____	<u>Joint Owner/Trustee/Partner</u> Check one form of ID: <input type="checkbox"/> Driver’s license <input type="checkbox"/> Resident Alien ID (Green Card) <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Describe) _____
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**The following information should be recorded exactly as it appears on the identification reviewed**

\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_  
 Street Address (not PO Box)

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Number on ID State or Country

\_\_\_\_\_  
 Identification Expiration Date

\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_  
 Street Address (not PO Box)

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Number on ID State or Country

\_\_\_\_\_  
 Identification Expiration Date

b. **Entity Verification:** Check the appropriate entity as listed below and submit copies of documentation viewed to gain first-hand knowledge of the existence of a legitimate business. If the Owner is a minor or non-legal entity, review the identification of the individual who submits an application on behalf of the minor or non-legal entity.

- Corporation, LLC, professional association, or professional corporation:** Articles of Incorporation, Organization or Association or similar document filed in the state in which the entity is formed
- Limited Partnership:** Certificate of Limited Partnership or similar document filed in the state where the partnership is formed
- General Partnership or Joint Venture:** Agreement, Joint Venture Agreement or similar agreement governing the formation and operation of the partnership
- Trust and All Other Entities:** Document governing the formation and operation of the entity

- 3.  I certify that I personally met with the proposed Owner(s)/Trustee(s)/Partners and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the proposed Owner(s)/Trustee(s)/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(s)/Trustee(s)/Partners is true and accurate.

Reason for not reviewing documents \_\_\_\_\_

**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.

Representative Name \_\_\_\_\_ Personal Code \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_