



IRA/TSA Required Minimum Distribution Election Form

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

page 1 of 1 Mailing Address: PO Box 1763 Galveston, TX 77553-1763 Phone Number: 1-800-252-9546 Fax: (409) 766-2022



Use this form to authorize American National to automatically pay you an annual withdrawal to satisfy IRS Required Minimum Distribution requirements. If you choose our Automatic Withdrawal Option our automated system will calculate your annual lifetime required amount based on the 2002 Final Regulations.

1. ANNUITANT INFORMATION

_____	_____
ANNUITANT	POLICY NUMBER
_____	_____
ADDRESS	CITY/STATE/ZIP
_____	_____
SOCIAL SECURITY NUMBER	DATE OF BIRTH

2. OWNER INFORMATION, IF DIFFERENT FROM ANNUITANT

_____	_____
OWNER	SOCIAL SECURITY NUMBER
_____	_____
ADDRESS	CITY/STATE/ZIP

3. LIFE EXPECTANCY CALCULATION (CHECK A OR B)

- A. SINGLE LIFE EXPECTANCY *(Unless you qualify for and would like to elect "B" below, this is the only option available to you.) This indicates that the RMD is based only upon the contract owner's life factor and will be calculated using the Uniform Lifetime Table as permitted by the IRS.*
- B. JOINT LIFE EXPECTANCY - Recalculated annually *(This option is only available if your spouse is your sole primary beneficiary and is more than 10 years younger than you.)*

_____	_____	_____
NAME OF SPOUSE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

4. PAYMENT INSTRUCTIONS

WOULD YOU LIKE TO PARTICIPATE IN OUR AUTOMATED REQUIRED DISTRIBUTION PROGRAM?

- YES. Please automatically re-calculate and send my distribution each year on _____ (Month) _____ (Day)
- NO. I only want to take this year's required distribution. *(If you elect NO, please indicate when you would like your distribution to commence.)* _____ (Month) _____ (Day)
- Monthly Quarterly Semi-annual Annual
- SUSPEND. Please suspend my Required Minimum Distribution (RMD). *(Note: Suspense of RMD is available from January 1, 2009 through December 31, 2009 only. If you participate in our automatic distribution program, your RMD will automatically resume in 2010 at the RMD option previously selected.)*

5. WITHHOLDING INSTRUCTIONS

- Do NOT withhold taxes. I understand I am responsible for the payment of estimated taxes, and that I may incur penalties if my payments are not enough.
- I want to have 10% Federal Income Tax withheld from the taxable amount of the distribution. (You may also designate an additional amount below.)
- I want the following additional percentage withheld from the distribution _____ % + 10 % = _____ %

I authorize American National to calculate and distribute my Required Minimum Distribution to me per my election above.

_____	_____
OWNER	DATE