



Suitability Acknowledgement

Issued by American National Insurance Company
P O Box 1763, Galveston, TX 77553-1763



This form must be completed for each Consumer who is purchasing a fixed annuity.
This form must be submitted to American National Insurance Company prior to the annuity being issued.

1 Owner/Applicant Information

Owner/Applicant Name (please print) Social Security Number Date of Birth

Joint Owner/Applicant Name (please print) Social Security Number Date of Birth

COMPLETE EITHER SECTION 2 OR 3

**If Section 2 and 3 are both signed the annuity will not be issued and a new form must be submitted.
Complete only one section.**

Provide the appropriate information and return the completed form to the insurer at the address shown above.

DO NOT COMPLETE IF SECTION 3 IS COMPLETED

2 Suitability Acknowledgement

Acknowledgement of Responsibility for Suitability Recommendation to Consumers

I have reasonable grounds for believing that the recommendation for this Consumer to purchase/exchange an annuity is suitable on the basis of the facts disclosed by the Consumer as to their investments and other insurance products and their financial situation and needs. I have made reasonable efforts to obtain information concerning the Consumer's financial status, tax status, investment objectives and such other information I considered reasonable in making the recommendation.

Also, I agree to maintain and make available upon request to the insurer or the insurance commissioner records of the information collected and other information used as the basis for this insurance recommendation for a minimum of 5 years in most states and up to 10 years in certain other states, after the insurer completes the recommended transaction. Any process that accurately reproduces the actual document may be used to maintain these records.

Agent Name (please print) Telephone #

Agent/Producer Signature Date

DO NOT COMPLETE IF SECTION 2 IS COMPLETED

3 Consumer's Acknowledgement of Responsibility

I elect not to provide information my agent has requested related to the purchase or exchange of an annuity and/or;
I have decided to enter into the purchase of a fixed annuity without a recommendation from my agent.

Owner/Applicant Signature (or Trustee if owner is Trust) Date Joint Owner Signature (if any) Date

Agent/Producer Signature Date