Annuity Service Request Form for Structured Settlement Annuities

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

Overnight Address Mail Processing Center, Attn: Annuity 10427, 1949 E. Sunshine St.
Springfield, MO 65899-0001 / **Phone** 1-800-252-9546

Mailing Address Mail Processing Center, PO Box 10427, Springfield, MO 65808-0427

1 Existing Policy Information

Policy Number

Annuitant | Telephone Number | Email Address

▶ **Note: The annuitant and owner must authorize all changes or requests by providing their signature in Section 6.**

2 Change of Name

Only complete this section if the annuitant or beneficiary's name has changed.
Please complete Section 6 for a for a Change of Beneficiary.

☐ Annuitant ☐ Beneficiary

Current Name

First Name | M.I. | Last or Non-Natural Entity Name

New Name

First Name | M.I. | Last or Non-Natural Entity Name

Reason for Change:
☐ Marriage ☐ Divorce
☐ Court Order ☐ Correction
☐ Other _____

3 Change of Address

☐ Annuitant ☐ Beneficiary

Old Address

Mailing Address | City | State | ZIP

New Address

Mailing Address | City | State | ZIP

4 Change of Beneficiary

A Date of Birth or SSN is required for each beneficiary. 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.

I/We revoke existing designations and subject to any existing assignment, make the following Primary and/or Contingent Beneficiary Designations:

☐ Primary Percent Payable ____ % Relationship to Annuitant: ____

First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____

Gender: ☐ M ☐ F

Date of Birth ____ Trust Date ____ ☐ SSN ☐ ITIN ☐ EIN ____

Resident Address ____ City ____ State ____ ZIP ____

Telephone Number ____

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Annuitant: ____

First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____

Gender: ☐ M ☐ F

Date of Birth ____ Trust Date ____ ☐ SSN ☐ ITIN ☐ EIN ____

Resident Address ____ City ____ State ____ ZIP ____

Telephone Number ____

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Annuitant: ____

First Name ____ M.I. ____ Last Name or Non-Natural Entity Name ____

Gender: ☐ M ☐ F

Date of Birth ____ Trust Date ____ ☐ SSN ☐ ITIN ☐ EIN ____

Resident Address ____ City ____ State ____ ZIP ____

Telephone Number ____

4 Change of Beneficiary (count.)

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Annuitant: ____

First Name M.I. Last Name or Non-Natural Entity Name

Gender: ☐ M ☐ F

Date of Birth Trust Date ☐ SSN ☐ ITIN ☐ EIN

Resident Address City State ZIP

Telephone Number

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Annuitant: ____

First Name M.I. Last Name or Non-Natural Entity Name

Gender: ☐ M ☐ F

Date of Birth Trust Date ☐ SSN ☐ ITIN ☐ EIN

Resident Address City State ZIP

Telephone Number

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Annuitant: ____

First Name M.I. Last Name or Non-Natural Entity Name

Gender: ☐ M ☐ F

Date of Birth Trust Date ☐ SSN ☐ ITIN ☐ EIN

Resident Address City State ZIP

Telephone Number

☐ Primary ☐ Contingent Percent Payable ____ % Relationship to Annuitant: ____

First Name M.I. Last Name or Non-Natural Entity Name

Gender: ☐ M ☐ F

Date of Birth Trust Date ☐ SSN ☐ ITIN ☐ EIN

Resident Address City State ZIP

Telephone Number

5 State Specific Fraud Language

For California Residents

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

6 Signatures

The annuitant must sign this form. **Please sign with any applicable designation such as trustee, Power of Attorney, Partner, etc.** When a change of beneficiary is occurring in a community property state, the spouse must also sign this form. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. The effective date of this request will be the date received in the Home Office of American National Insurance Company (the "Company").

x _____ _____
Signature of Annuitant (Required) **Date:** Month / Day / Year

x _____ _____
Signature of Annuitant's Spouse (If applicable) **Date:** Month / Day / Year

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

x _____ _____
Signature of Witness **Date:** Month / Day / Year

For Home Office Use Only

The Company has recorded the change requested.

Dated On _____ **By** _____

EFFECTIVE DATE **REGISTRAR**