Beneficiary Designation Request for Structured Settlement Annuities

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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

* B E N E A P P *

▶ **NOTE: Beneficiary changes for in force policies need to use the Annuity Service Request Form for Structured Settlement Annuities (Form 3575-SSIA).**

Annuitant First Name _____ M.I. ___ Last Name _____ ☐ SSN ☐ ITIN _____

1 Beneficiary Designation

A Date of Birth or SSN is required for each beneficiary. Complete an additional form if additional space is needed. 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.

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

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

Date of Birth _____ ☐ SSN ☐ ITIN ☐ EIN _____ Telephone _____

Gender: ☐ M ☐ F

U.S. Citizen: ☐ Yes ☐ No

Resident Address _____ City _____ State _____ ZIP _____

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

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

Date of Birth _____ ☐ SSN ☐ ITIN ☐ EIN _____ Telephone _____

Gender: ☐ M ☐ F

U.S. Citizen: ☐ Yes ☐ No

Resident Address _____ City _____ State _____ ZIP _____

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

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

Date of Birth _____ ☐ SSN ☐ ITIN ☐ EIN _____ Telephone _____

Gender: ☐ M ☐ F

U.S. Citizen: ☐ Yes ☐ No

Resident Address _____ City _____ State _____ ZIP _____

2 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.

3 Special Instruction for Additional Beneficiary Designations

I declare that the above information is true and complete to the best of my knowledge and belief and shall form a part of my application.

Date: Month / Day / Year

x **Signature of Annuitant**

x **Signature of Producer or Witness**

x **Signature of Owner**