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Direct Deposit 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

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Notice

American National Insurance Company (the "Company") is pleased to offer you a service that we believe will be beneficial to you as a policyholder.

The systematic withdrawals provided for in your policy, can be sent directly to your bank account. No more waiting on the mail service; no need to make a separate trip to the bank to deposit your check. Direct Deposit allows you faster access to your money!

If you are interested in utilizing this service, please complete the form below and return it to Mail Processing Center, Annuity Service Department, P.O. Box 10427, Springfield, MO 65808-0427 along with a VOID check. If you have any questions please contact your agent, or call us toll free at 1-800-252-9546.

Thank you for allowing the Company to be a part of your financial services program.

1 Annuitant Information

Policy Number

Annuitant | SSN/ITIN | Email Address

2 Bank Account Information

Bank Account Owner Name

Account Number | Routing Number

☐ Checking ☐ Savings

3 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.

4 Authorization

I agree to be bound by the rules of the National Automated Clearing House Association ("Nacha") and with applicable law. I hereby authorize the Company to electronically credit my account, and if necessary, to electronically debit my account to correct any erroneous credits in accordance with Nacha rules. I understand that this authorization will remain in full force and effect until I notify the Company that I wish to revoke the authorization. I understand that revocation of this authorization must provide the Company a reasonable opportunity to act before the initiation of a credit or debit entry. The Company requires 10 days prior notice to revoke this authorization. Such notification must be in writing to the mailing address at the top of this form. The applicable policy or contract number(s) must be included in the notification.

5 Signatures

The Annuitant must sign this form. **Please sign with any applicable designation such as trustee, Power of Attorney, etc.** The effective date of this request will be the date received in the Home Office of the Company.

X _____ _____

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

X _____ _____

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

ATTACH YOUR VOIDED CHECK (OPTIONAL)

This is encouraged to ensure the accuracy of your banking information.