



# Request for Duplicate Policy/Certificate or Change of Name or Beneficiary

American National Life Insurance Company of New York  
344 Route 9Q, Glenmont, NY 12077

page 1 of 2

Administrative Address:  
One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163  
Mail Processing Center, Life Insurance Administration  
1949 E. Sunshine St., Springfield, MO 65899-0001



Policy Number \_\_\_\_\_ Insured's Social Security # \_\_\_\_\_ Insured's Name \_\_\_\_\_

We request the Company to issue:

- \$3.00 Charge for **LIFE ONLY** duplicate Policy Certificate. A money order or check must be attached.
- \$15.00 Charge for **LIFE** duplicate Policy. A money order or check must be attached.

BENEFICIARY DESIGNATION	FULL LEGAL NAME	SSN or TAX ID	RELATIONSHIP	DATE OF BIRTH	TELEPHONE NO.	% PAYABLE
-------------------------	-----------------	---------------	--------------	---------------	---------------	-----------

Primary Beneficiary

Address \_\_\_\_\_

Contingent Beneficiary

Address \_\_\_\_\_

Irrevocable Beneficiary \_\_\_\_\_

### CHANGE OF NAME (ONLY):

**DO NOT USE THIS SECTION TO CHANGE THE OWNER OR BENEFICIARY: USE IT ONLY TO INDICATE**

**LEGAL NAME CHANGE BY MARRIAGE, DIVORCE, ADOPTION, ETC., OR TO CORRECT SPELLING ERRORS OR OMISSIONS FOR:**

The  Insured  Marriage From \_\_\_\_\_  
 Beneficiary was changed due to  Divorce  
 Owner  Correction To \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_

**(BEFORE DATING AND SIGNING, read signature requirement instructions on page 2.)**

I hereby request the above indicated changes.

Dated at \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_, \_\_\_\_\_ Year

Witness \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Address \_\_\_\_\_

Signature of Second Insured \_\_\_\_\_

Witness \_\_\_\_\_

Signature of Policy Owner, if other than Insured, or Spouse signature if in a Community Property State or if Joint Policy.

Address \_\_\_\_\_

### FOR AGENCY OFFICE USE

AGENCY CODE: 1- \_\_\_\_\_ CSSD CODE: 2- \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FOR ADMINISTRATIVE OFFICE USE ONLY — The foregoing request has been recorded at the Administrative Office in Galveston, Texas for American National Life Insurance Company of New York.

*J. Mark Flippin*  
J. Mark Flippin  
Secretary

\_\_\_\_\_ Date

\_\_\_\_\_ Registrar



## INSTRUCTIONS FOR CHANGE OF BENEFICIARY AND OR NAME

Use this form when requesting a change of beneficiary or name. Do not complete the Beneficiary Designation section for change of name only. Complete a **separate form** for each policy. This request, when completed and received at the Administrative Office of the Company, revokes all previous beneficiary designations. Be sure to rename all previous beneficiaries who are to receive any of the proceeds of the policy. If this is a Joint Life policy, a separate form must be completed for each insured person whose beneficiary is being changed; however, each jointly insured person must sign. Examples of commonly used beneficiary designations are listed below.

### SIGNATURE REQUIREMENTS:

- The Policyowner.** The Insured is usually the policyowner, but ownership may vest wholly or partially in:
  - Another Person**, in which event his or her signature is required.
  - A Corporation.** The signature of the Chairman of the Board, President, or Vice President is required.
  - A Partnership.** All partners must sign. (For Joint Life Policy, if policy has ownership, both owners must sign any form submitted.)
- The Contractual Controller of a Juvenile Policy.** Most Juvenile policies contain an Ownership or Control of policy provision designating the person who must sign if the Insured is a minor. Inspect the policy for ownership or control provisions. The person or persons controlling the policy must sign the change of beneficiary form.
- Assignee.** If the policy is assigned, the signature of the Assignee is required.
- Spouse.** If the Insured is the policyowner and is a resident of a community property state and the primary beneficiary is being changed from the spouse, such spouse should sign along with the Insured. The spouse's signature is not required to effect the change requested by the policyowner, but a change form completed without the spouse's signature may not be effective as to all the policy proceeds upon the Insured's death.
- Witnesses.** Each signature must be witnessed by a disinterested person. Two witnesses are required when a mark or "X" is used for a signature.

If an irrevocable beneficiary exists, the written consent of the irrevocable beneficiary is required.

### EXAMPLES OF COMMONLY USED BENEFICIARY DESIGNATIONS

**A list of the more common types of beneficiary designations requested and examples of proper wording for each type follows. (\*Give age and full given name of each proposed beneficiary)**

TYPE OF BENEFICIARY	EXAMPLES OF WORDING TO BE USED
(1) One Beneficiary only	Mary E. Doe, Wife, 36.
(2) Two Beneficiaries (equal shares)	John J. Doe, father, 42, and Mary E. Doe, mother, 35 equally or to survivor.
(3) Two Beneficiaries (unequal shares)	75% to Mary E. Doe, wife, 34 and 25% to Jane Doe, mother, 59, or all to survivor.
(4) One Primary and One Contingent Beneficiary	Primary — Mary E. Doe, wife, 23. Contingent — Jane J. Doe, mother, 48.
(5) One Primary and Two Contingent Beneficiaries	Primary — Mary E. Doe, wife, 43. Contingent — Jane J. Doe, mother, 65, and James H. Doe, brother, 30, equally, or to survivor.
(6) One Primary Beneficiary and children of the Insured as Contingent	Primary — Mary E. Doe, wife, 45. Contingent — *Sam M. Doe, 20, Susan B. Doe, 20, and any other children hereafter born to marriage of or hereafter legally adopted by Insured and Mary E. Doe, equally or to survivor or survivors. *(Name all living children and give ages.)
(7) Name a Class of Beneficiaries	Equal shares to my children, complete listing of each child living at time of the request. Note: If naming a class of beneficiaries, list the name, address, date of birth and relationship of each current beneficiary in the class.
(8) Creditor Beneficiary	The A B C Savings and Loan Association, Galveston, Texas, a Texas Corporation, Creditor, as its interest may appear, balance, if any, to Mary E, Doe, wife, 36.
(9) Partnership Beneficiary	John A. Smith, 28, William W. Jones, 38, and Henry H. Brown, 46, business partners, equally.
(10) Corporation Beneficiary	The A B C Company, Inc., Galveston, Texas, A Texas Corporation, complete address.
(11) Insured's Estate	Estate of the Insured
(12) Trustee Beneficiary: (Trust established under written Trust Agreement.)	The Blank Trust Company, Galveston, Texas, as Trustee, or its successor in trust, under written Trust Agreement dated_____. Payment of the proceeds to or the release of the Trustee shall constitute a full discharge to the Company of all liability under the policy.
(13) Common Disaster Clause	This form contains a 6 day Common Disaster limitation in the General Provisions Section on page 2. Such limitations can be amended to reflect any number of days not to exceed 30 days. To so amend, type the following under the beneficiary designation:

Anything herein or in the policy notwithstanding, any beneficiary has a right to proceeds due under this policy only if he or she is living at the expiration of the 30th day following the death of the Insured.