



Policy Loan or Cash Surrender Request

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

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Administrative Address:

One Moody Plaza, Galveston, TX 77550-7947 Business: (866) 490-3163
Mail Processing Center, P.O. Box 4408, Springfield, MO 65808-4408



DATE COMPLETED _____ **POLICY NO.** _____

INSURED NAME _____
Please Print FIRST MI. LAST

1. a LOAN REQUEST AND AGREEMENT: (Complete and sign the appropriate section below)

I (we) hereby assign the above policy to American National Life Insurance Company of New York ("the Company") to the extent necessary to secure the repayment of the loan requested below and any previous loan(s), together with accrued interest thereon. This loan shall be in accordance with and subject to the provisions of the policy. I (we) represent that no bankruptcy or insolvency proceedings are now pending against any of the undersigned. I (we) desire the type of loan indicated below.

Review the Policy's loan provisions before electing an option.

- CASH LOAN**—Request for a specified amount. I (we) request a loan for \$ _____.
- MAXIMUM CASH LOAN**—Request for a maximum loan to include all available values. To maintain an active policy status, funds may be retained in accordance with the policy provisions.
- PREMIUM LOAN—PAYS PREMIUM BY MAKING A LOAN**
I REQUEST TO PAY _____ PREMIUM(S) ON THE POLICY FOR A TOTAL OF \$ _____

1. b CASH SURRENDER REQUEST AND AGREEMENT

- CASH SURRENDER**
- PARTIAL SURRENDER OF \$ _____ (UL only)**

NOTE: POLICY MUST ACCOMPANY REQUEST FOR CASH SURRENDER (IF THE POLICY IS LOST, CHECK AND COMPLETE STATEMENT OF LOSS BELOW).

In consideration of and in exchange for the cash surrender value of the above policy, issued or assumed by AMERICAN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK, Glenmont, New York, the undersigned hereby surrenders said policy for cancellation. In accordance with the terms of the policy it is hereby agreed that any indebtedness thereon to the Company will be deducted from the cash value. Said cash value is accepted in full settlement and complete satisfaction of all rights, claims, and demands under said policy. It is expressly represented and warranted that no other person, firm, or corporation has any interest in said policy, except the undersigned, and that no proceedings of insolvency or bankruptcy have been instituted or are now pending against the undersigned. We, the undersigned, have read the agreement checked above and agree to its terms.

- STATEMENT OF LOST OR DESTROYED POLICY** I hereby declare policy # _____ has been lost, misplaced, or destroyed.

2. LOAN OR SURRENDER SIGNATURES AND ADDRESSES

Print Owner/Assignee Name

Print Agent/Witness Name

Owner/Assignee Signature

Owner Social Security No.

Agent/Witness Signature

Owner/Assignee Street Address

Agent/Witness Address

Owner/Assignee City State ZIP Code

3. MAIL CHECK TO: (If blank, check will be mailed to Owner's address above)

Address City State ZIP Code