



Beneficiary Change Request

American National / One Moody Plaza, Galveston, TX 77550-7947

NF

Overnight Address Mail Processing Center, Attn: LIS 3257, 1949 E. Sunshine St.,
Springfield, MO 65899-0001 / **Phone** 1-800-899-6806

Mailing Address Mail Processing Center, P.O. Box 3257, Springfield, MO 65808-3257



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1 Company Selection

- American National Insurance Company
- American National Life Insurance Company of Texas
- Garden State Life Insurance Company
- American National Life Insurance Company of New York
- Standard Life and Accident Insurance Company

2 Instructions

Things to know before you begin:

- Review Sections 8, 9, 10, 11 and 12.
- Completing this form replaces all previous Beneficiary designations. This form must reflect all Beneficiary designations, both Primary and Contingent, who should receive proceeds of the policy listed below.
- All Beneficiary designations are revocable unless otherwise designated.
- Only the Owner of the insurance policy is authorized to change Beneficiary designations. If there is more than one Owner, then all Owners must sign.

3 Current Information

| | | | |
|------------------------|-------|-----------|------------------|
| Insured's First Name | M.I. | Last Name | Policy Number |
| _____ | _____ | _____ | _____ |
| Owner's First Name | M.I. | Last Name | Date of Birth |
| _____ | _____ | _____ | _____ |
| Owner's Street Address | | City | State ZIP |
| _____ | | _____ | _____ _____ |
| E-mail Address | | Telephone | |
| _____ | | _____ | |

4 New Primary Beneficiary Designation

► **NOTE:** Unless specified, Beneficiaries within the same class share equally. Allocations must add up to 100%. Fractional allocations will not be accepted (Example: 1/3). If you need additional space, please use the Additional Beneficiary Designations for Inforce Policies Form for additional names. Complete as much information as possible for each beneficiary.

Use Full Legal Names

First Name _____ M.I. _____ Last Name _____ Gender _____ Allocation (Whole % Only) _____
 Male Female _____
 Date of Birth _____ SSN/TIN _____ Relationship to Insured _____
 Street Address _____ City _____ State _____ ZIP _____
 E-mail Address _____ Telephone _____

First Name _____ M.I. _____ Last Name _____ Gender _____ Allocation (Whole % Only) _____
 Male Female _____
 Date of Birth _____ SSN/TIN _____ Relationship to Insured _____
 Street Address _____ City _____ State _____ ZIP _____
 E-mail Address _____ Telephone _____

First Name _____ M.I. _____ Last Name _____ Gender _____ Allocation (Whole % Only) _____
 Male Female _____
 Date of Birth _____ SSN/TIN _____ Relationship to Insured _____
 Street Address _____ City _____ State _____ ZIP _____
 E-mail Address _____ Telephone _____

Check here if the Additional Beneficiary Designations for Inforce Policies Form was used to name additional beneficiary designations.

5 New Contingent Beneficiary Designation

► **NOTE:** Unless specified, Beneficiaries within the same class share equally. Allocations must add up to 100%. Fractional allocations will not be accepted (Example: 1/3). If you need additional space, please use the Additional Beneficiary Designations for Inforce Policies Form for additional names. Complete as much information as possible for each beneficiary.

Contingent Beneficiary(ies) will be paid only if no Primary Beneficiary(ies) survive the Insured.

Use Full Legal Names

| | | | | |
|----------------|-----------|-------------------------|---|---------------------------|
| First Name | M.I. | Last Name | Gender | Allocation (Whole % Only) |
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Date of Birth | SSN/TIN | Relationship to Insured | | |
| _____ | _____ | _____ | | |
| Street Address | City | | State | ZIP |
| _____ | _____ | | _____ | _____ |
| E-mail Address | Telephone | | | |
| _____ | _____ | | | |

| | | | | |
|----------------|-----------|-------------------------|---|---------------------------|
| First Name | M.I. | Last Name | Gender | Allocation (Whole % Only) |
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Date of Birth | SSN/TIN | Relationship to Insured | | |
| _____ | _____ | _____ | | |
| Street Address | City | | State | ZIP |
| _____ | _____ | | _____ | _____ |
| E-mail Address | Telephone | | | |
| _____ | _____ | | | |

| | | | | |
|----------------|-----------|-------------------------|---|---------------------------|
| First Name | M.I. | Last Name | Gender | Allocation (Whole % Only) |
| _____ | _____ | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |
| Date of Birth | SSN/TIN | Relationship to Insured | | |
| _____ | _____ | _____ | | |
| Street Address | City | | State | ZIP |
| _____ | _____ | | _____ | _____ |
| E-mail Address | Telephone | | | |
| _____ | _____ | | | |

Check here if the Additional Beneficiary Designations for Inforce Policies Form was used to name additional beneficiary designations.

6 Special Requests

7 Acknowledgment and Signatures

Signature requirements:

- Each Owner must print their name, then sign and date the form to indicate approval of the change.
- If there is an Irrevocable Beneficiary or an Assignee, they must also print their name, then sign and date the form to indicate their approval of the change.
- Each signature requires a disinterested witness signature. A disinterested witness is an adult that is not being named Beneficiary and is not otherwise signing this form.
- If someone else is signing on behalf of an Owner, the full names of both the Owner and the Signer must be provided. Include copies of any documents proving legal authority, such as power of attorney, guardianship papers, etc.
- If the Insured is the Owner and is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and the Primary Beneficiary is being changed from the spouse, such spouse should sign along with the Owner.
- If the Owner is a legal entity: trust, business or on behalf of Owner as guardian or power of attorney, include any necessary documents needed for legal authorization.

I understand that by signing below, I am revoking all previous beneficiary designations, and the changes on this form will become effective on the date I sign this form.

Owner:

Print Owner's Full Name

Title (Required for Officer, Trustee or Power of Attorney)

Signature of Owner

Date: Month / Day / Year

Print Witness's Full Name

Signature of Witness

Date: Month / Day / Year

Joint Owner and/or Spouse (If the Owner is married and resides in the state of AZ, CA, ID, LA, NV, NM, TX, WA, or WI):

Print Joint Owner and/or Spouse's Full Name

Title (Required for Officer, Trustee or Power of Attorney)

Signature of Joint Owner and/or Spouse

Date: Month / Day / Year

Print Witness's Full Name

Signature of Witness

Date: Month / Day / Year

Irrevocable Beneficiary or Assignee (if applicable):

Print Irrevocable Beneficiary or Assignee's Full Name

Title (Required for Officer, Trustee or Power of Attorney)

Signature of Irrevocable Beneficiary or Assignee

Date: Month / Day / Year

Print Witness's Full Name

Signature of Witness

Date: Month / Day / Year

For Home/Administrative Office Endorsement Only

Agency Code
1- _____

CSSD Code
2- _____

City _____

State _____

Processor's First Name _____

M.I. _____

Last Name _____

Date _____

This request has been recorded at the Home/Administrative Office of American National or its subsidiaries.

Effective Date of Change



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8 Protect Your Legacy

At American National or its subsidiaries, fulfilling our commitment to you and your beneficiary is our top priority. We realize we are asking you to complete a lot of information and we would like you to know why.

Complete and accurate information is crucial for us to pay the intended beneficiary(ies). Without it, a benefit could be paid to the wrong person or entity, or if the beneficiary cannot be found, the benefit could be escheated to the state.

A long period of time can elapse between the designation of a beneficiary and the payment of a death claim. During this time, your beneficiary may have moved or changed names due to marriage or divorce. Dates of birth and social security numbers do not change for individuals, so we use them to identify and locate each beneficiary to whom we owe payment, ensuring a quick and accurate payout. Legal entities, including businesses and trusts, have taxpayer identification numbers which we use for the same purpose.

When it is time to locate and make a benefit payment to each beneficiary, we want to be sure we have the right person. To ensure that we do, we ask for the following identifiers:

To name an individual

Full Legal Name (First Name, M.I., and Last Name)

Gender

Date of Birth

Social Security Number (SSN)

Relationship to Insured

Driver's License/State ID

Address

E-mail Address

Telephone

To name a trust

Name

Date of the Trust Agreement

Trustee Name(s)

Taxpayer Identification Number (TIN)

Address

Telephone

To name an entity (business, charity, non-profit organization, etc.)

Complete Name

Taxpayer Identification Number (TIN)

Address

Telephone

9 Definitions

Insured: The person who is insured by the policy and upon whose death the beneficiary will receive the proceeds of the claim. The Insured may also be the Owner.

Owner: The person(s), business, charity, trust, or entity with the right to authorize all decisions regarding the policy.

Primary Beneficiary: The person/entity selected to receive the policy proceeds after the Insured's death.

Contingent Beneficiary: The person/entity selected to receive the policy proceeds after the Insured's death if no Primary Beneficiary survives the Insured.

Testamentary Trust: A Trust created and funded by the Insured's Last Will and Testament. A Testamentary Trust only becomes active upon the death of the Insured.

Other Trust: A Trust created during the lifetime of the Grantor (the person who establishes Trust). The company is not responsible for the application or disposition of the proceeds from the policy by the Trustee. Payment to the Trustee shall fully discharge the liability of the company under the policy.

Per Stirpes: Payment of death proceeds to the Issue of a deceased child. If an adult child of the Insured is a beneficiary and that adult child dies before the Insured, that adult child's share of the proceeds will be paid to that adult child's living children in equal shares.

Irrevocable Beneficiary: A beneficiary designation that can only be changed with that person's consent. The irrevocable beneficiary, when named, is vested with certain rights and the owner cannot take certain actions without the written permission of the irrevocable beneficiary, including naming a new beneficiary, requests for policy loans, dividend withdrawals, and even surrender of the policy.

Executor or Court-appointed Administrator of an Estate: If the Insured's Estate is the beneficiary, the company is authorized to rely upon a certified copy of the qualification and appointment of the Executor or Court-appointed Administrator shall fully discharge the liability of the company or its subsidiaries under the policy.

Class of Beneficiaries: A class of beneficiaries is defined as having a common relationship to the Insured, such as children of the Insured. Unless otherwise specified, all members of the class or survivors within the class will share equally in any policy proceeds payable upon the death of the Insured.

10 Instructions for Change of Beneficiary

- This form, when properly completed and submitted, revokes all previous beneficiary designations.
- Be sure to rename all previous beneficiaries who are to receive any of the policy proceeds, even if not changing.
- If this is a Joint Life policy, a separate form must be completed for each Insured whose beneficiary(ies) are being changed.

11 Examples of Commonly Used Beneficiary Designations

| | |
|---|---|
| One Beneficiary Only | Mary E Doe, wife |
| Two Beneficiaries (Equal Shares) | John Doe, father and Jane Doe, mother, equally or to survivor |
| Two Beneficiaries (Unequal Shares) | 75% to Mary Doe, wife, and 25 % to Jane Doe, mother, or all to survivor |
| One Primary and One Contingent Beneficiary | Primary = Mary Doe, wife; Contingent = Jane Doe, mother |
| One Primary and Two Contingent Beneficiaries | Primary = Mary Doe, wife; Contingent = Jane Doe, mother and John Doe, father, equally or to survivor |
| One Primary and Children of the Insured as Contingent Beneficiaries | Primary = Mary Doe, wife; Contingent = Johnny Doe, son, Suzie Doe, daughter, and any other children born to or adopted by Insured, equally or to survivor |
| Name a Class of Beneficiaries as Primary | Children of Insured Note: If naming a class of beneficiaries, complete a list of each person within the class living at the time of the request. Show name, date of birth, Social Security Number (SSN), and relationship to Insured. |
| Business Entity or Corporation Beneficiary | The ABC Company Note: Include the address, Tax Identification Number (TIN), and the relationship to Insured. |
| Insured's Estate | Estate of Insured |
| Trust Beneficiary | The John Doe Trust under written Trust Agreement dated <u>Month / Day / Year</u> . |

12 Examples of Signature Requirements

1. **Owner:** The owner can be
 - a. **one individual or multiple individuals.** ALL owners must sign.
 - b. **a corporation.** Signature of the Chairman, President, or Vice President is required, with title.
 - c. **a partnership.** All partners must sign, with title.
 - d. **the contractual controller of a juvenile policy.** Most juvenile policies contain an Owner or Control of Policy Provision designating the person who must sign while the Insured is a minor.
2. **Spouse:** If the Insured is the Owner and is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and the Primary Beneficiary is being changed from the spouse, such spouse should sign along with the Owner. The spouse's signature is not required to effect the change requested by the Owner, 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.
3. **Witnesses:** Each signature must be witnessed by a disinterested person (described as a person not named as Beneficiary or Owner). If the Owner signs with an "X", the signature must be witnessed by two disinterested people.
4. **Irrevocable Beneficiary:** If an irrevocable beneficiary exists on a policy, that person must sign. Irrevocable status does not automatically carry over; it must be restated in the Special Requests section of this form.