



# Deceased Ownership Change Form

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

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**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

▶ **NOTE:** Please print or type information. Use of this form revokes all previous ownership designations for the policy/contract noted below.

### Is there an Executor or Court-appointed Administrator?

If **Yes**, complete Sections 3, 4, 5, and 6 of this form and include:

- submission of a certified copy of the Death Certificate along with a copy of the Court-issued document (Letter of Testamentary or Letter of Administration) which names the Executor or Court-appointed Administrator as the authorized person to make this change; then
- the Executor or Court-appointed Administrator must sign the form, including their title, along with the signature of the newly named Owner.

If **No**, complete Sections 3, 4, 5, and 6 of this form and review Section 7, then complete:

- Sections 8 and 9 of this form with information and the appropriate signatures of all heirs.
- Section 10 of this form – notarization is required when Sections 8 and 9 are completed.

**All signatures are captured in Section 11 of this form.**

New Owner Identification Section must be completed in Sections 13 and 14 of this form. Notarization is required in Section 14 of this form only if it is not signed by an agent/producer.

## 3 Current Information

Claim Number  
\_\_\_\_\_

Insured/Annuitant's First Name	M.I.	Last Name	Policy/Contract
_____	_____	_____	_____

Deceased Owner's First Name	M.I.	Last Name	Date of Death
_____	_____	_____	_____

Deceased Owner's Street Address	City	State	ZIP
_____	_____	_____	_____

**4 New Primary Owner**

First Name	M.I.	Last Name		
_____	_____	_____		
Date of Birth	SSN/TIN		Relationship to Insured/Annuitant	
_____	_____		_____	
Street Address		City	State	ZIP
_____		_____	_____	_____
E-mail Address		Telephone		
_____		_____		

**5 New Contingent Owner**

First Name	M.I.	Last Name		
_____	_____	_____		
Date of Birth	SSN/TIN		Relationship to Insured/Annuitant	
_____	_____		_____	
Street Address		City	State	ZIP
_____		_____	_____	_____
E-mail Address		Telephone		
_____		_____		

**6 Premium Payor**

► **NOTE:** The Premium Payor will automatically default to the new Owner unless otherwise specified below in this section.

First Name	M.I.	Last Name		
_____	_____	_____		
Date of Birth	SSN/TIN		Relationship to Insured/Annuitant	
_____	_____		_____	
Street Address		City	State	ZIP
_____		_____	_____	_____
E-mail Address		Telephone		
_____		_____		

► **CAUTION:** If policy/contract is paid by pre-authorized check and the bank account is changing, also submit a new Pre-Authorized Payment Plan-Authorization Form.

## 7 Additional Instructions if no Executor or Court-appointed Administrator

If there **is not** a probated Will and Executor, or there **is not** a Court-appointed Administrator, complete the following:

- Include a certified copy of the Death Certificate.
- Complete Sections 8 and 9 of this form.
- Complete Section 10 – notarization is required when Sections 8 and 9 are completed.
- Complete Section 11 with **ALL** appropriate signatures from those named in Sections 8 and 9. This will serve as notice of ownership change to all persons who may have an interest in this policy/contract.

## 8 Spouse

► **NOTE:** Surviving spouse must sign this deceased ownership change form. If there is no Executor or Court-appointed Administrator.

**Name of Spouse, if married at time of death:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 \_\_\_\_\_

If Deceased was ever married to anyone else, give the following information:

To Whom: First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 \_\_\_\_\_

Date Married \_\_\_\_\_ Date of Divorce and Where \_\_\_\_\_ Date of Death \_\_\_\_\_  
 \_\_\_\_\_

To Whom: First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 \_\_\_\_\_

Date Married \_\_\_\_\_ Date of Divorce and Where \_\_\_\_\_ Date of Death \_\_\_\_\_  
 \_\_\_\_\_

To Whom: First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 \_\_\_\_\_

Date Married \_\_\_\_\_ Date of Divorce and Where \_\_\_\_\_ Date of Death \_\_\_\_\_  
 \_\_\_\_\_

If there were divorces, give details and copies of any property settlement agreements which would affect the disposition of this policy(ies)/contract(s).

\_\_\_\_\_  
 \_\_\_\_\_

**9 Children** Provide the following information about all the deceased's natural born or adopted children.

► **NOTE:** All heirs listed below, if living, must sign this form authorizing the ownership change. If there is no Executor or Court-appointed Administrator.

Child's First Name	M.I.	Last Name	Date of Birth	Date of Death
_____	_____	_____	_____	_____
Street Address		City	State	ZIP
_____		_____	_____	_____
Other Parent's First Name	M.I.	Last Name		
_____	_____	_____		

Child's First Name	M.I.	Last Name	Date of Birth	Date of Death
_____	_____	_____	_____	_____
Street Address		City	State	ZIP
_____		_____	_____	_____
Other Parent's First Name	M.I.	Last Name		
_____	_____	_____		

Child's First Name	M.I.	Last Name	Date of Birth	Date of Death
_____	_____	_____	_____	_____
Street Address		City	State	ZIP
_____		_____	_____	_____
Other Parent's First Name	M.I.	Last Name		
_____	_____	_____		

Child's First Name	M.I.	Last Name	Date of Birth	Date of Death
_____	_____	_____	_____	_____
Street Address		City	State	ZIP
_____		_____	_____	_____
Other Parent's First Name	M.I.	Last Name		
_____	_____	_____		

Child's First Name	M.I.	Last Name	Date of Birth	Date of Death
_____	_____	_____	_____	_____
Street Address		City	State	ZIP
_____		_____	_____	_____
Other Parent's First Name	M.I.	Last Name		
_____	_____	_____		

**10 Notary** Required, if Sections 8 and 9 are completed.

X \_\_\_\_\_  
**Affiant's Signature** Relationship to the Deceased \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address City State ZIP

Before me, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_, who after being by me first duly sworn, stated that he/she was well and personally acquainted with the deceased and that he/she has carefully read the above questions on this page and that each and every answer and statement is true, correct and complete, to the best of his/her knowledge and belief.

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 \_\_\_\_\_, Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_ State

X \_\_\_\_\_  
**Signature of Notary Public**

**11 Signatures**

\_\_\_\_\_  
**Date:** Month / Day / Year

\_\_\_\_\_  
**Signed in** (City / State)

X \_\_\_\_\_  
**Signature of Executor/ Court-appointed Administrator** (if any)

X \_\_\_\_\_  
**Signature of New Owner**

X \_\_\_\_\_  
**Signature of Surviving Spouse** (if Section 8 completed)

X \_\_\_\_\_  
**Signature of Surviving Heir** (if Section 9 completed)

X \_\_\_\_\_  
**Signature of Surviving Heir** (if Section 9 completed)

X \_\_\_\_\_  
**Signature of Surviving Heir** (if Section 9 completed)

X \_\_\_\_\_  
**Signature of Surviving Heir** (if Section 9 completed)

X \_\_\_\_\_  
**Signature of Surviving Heir** (if Section 9 completed)

**For Home/Administrative Office Endorsement Only**

Agency Code CSSD Code City State  
 1- 2- \_\_\_\_\_

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  
 \_\_\_\_\_

**13 New Owner Identification Verification** Review and record information from a current government issued photo ID. Include a copy of the ID.

▶ **Check one form of photo ID.**

- Driver's license  Resident Alien ID (Green Card)  
 Passport  Military ID  
 Other: (Describe) \_\_\_\_\_

▶ **Record information exactly as it appears on ID reviewed.**

First Name _____	M.I. _____	Last Name _____		
Street Address _____	City _____	State _____	ZIP _____	
Date of Birth _____	Number on ID _____	State or Country _____	Identification Expiration Date _____	

**14 Signature of Agent/Producer or Notary Public for New Owner Identification Verification**

Notary Public is required if a copy of the ID is not available.

▶ **CAUTION:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

▶ **Agent/Producer**

I certify that I personally met with the Proposed Owner and reviewed the above identification document. To the best of my knowledge, it accurately reflects the identity of the Proposed Owner.

_____ Agent/Producer's Name (please print)	_____ Agent/Producer's Number
x _____ <b>Agent/Producer's Signature</b>	_____ <b>Date:</b> Month / Day / Year

▶ **Notary Public**

Before me, the undersigned Notary Public, on this day personally appeared \_\_\_\_\_, known to me or proved to me through \_\_\_\_\_ to be the person whose name is subscribed on the foregoing instrument and acknowledged to me that he/she executed the same for the purposes therein contained.

Given under my hand and seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 \_\_\_\_\_, Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_ State

x \_\_\_\_\_  
**Signature of Notary Public**