Policy Service Request (LIFE POLICIES ONLY)

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

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

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 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 | SSN/TIN*

*IRS regulations state that if your taxpayer identification number (social security or employer identification number) is not furnished, we will be required to withhold at the current applicable withholding rate. Under penalty of perjury, I certify that:

1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

2) I am not subject to backup withholding because:

(a) I am exempt from backup withholding.

(b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest/dividends.

(c) The IRS has notified me that I am no longer subject to backup withholding.

3) I am a U.S. person (including a U.S. resident alien).

► **NOTE:**

You may be subject to penalties under the estimated tax payment rules if enough tax has not been paid through either your estimated tax payment or withholding.

3 Loan, Schedule Loan Repayment, or Partial Surrender

(Complete this section, and then complete Section 6.)

► IMPORTANT NOTICE:
Your request to borrow or partially surrender funds from your policy will affect your policy values, including, but not limited to, your guaranteed and non-guaranteed elements, face amount, and/or the surrender value of your policy. Review policy's loan or partial surrender provision before electing an option. Under certain circumstances, loans and withdrawals could create a taxable event.

☐ Process Loan

Loan Amount

☐ Specified Amount $ _____ ☐ Maximum Loan

☐ Premium Loan Number of premium(s) _____ to be paid on this policy for a total amount of $ _____.

☐ Schedule Loan Repayment

Specified Amount $ _____ ($15 minimum unless otherwise noted in your policy contract)

► NOTE:
- Repayment method will use the same as existing policy's billing method.
- Any unpaid loan balance may affect the policy's death benefit, the policy values, and possibly the length of time the policy remains in force.

☐ Process Partial Surrender

☐ Specified Amount $ _____ ☐ Maximum Partial Surrender

► NOTE: Only applies to Universal Life, Single Premium Life, or CSSD Annuity Rider.

4 Dividend Options

Complete this section if you are requesting to change Dividend Options or withdraw Dividend Values.

☐ Change Dividend Option

☐ Option 1: Pay in Cash ☐ Option 2: Reduce Premium ☐ Option 3: Accumulate at Interest

☐ Option 4: Paid-Up Additional Insurance ☐ Option 5: _____

☐ Withdraw Dividend Values (Complete this section, and then complete Section 6.)

☐ All Dividend Value ☐ Specified Dividend Amount of $ _____

► NOTE: If Paid-Up Additional Insurance is surrendered, the Company or its affiliates are released from liability on the amount surrendered.

5 Surrender/Cancellation (Complete this section, and then complete Section 6.)

☐ By checking this box, I declare that my policy has been lost, misplaced, or destroyed.

Surrender:

☐ I hereby request cancellation of this policy and payment of its surrender value. Such payment is acknowledged as full payment of all claims under the policy. Such cancellation shall be effective immediately, with the surrender value computed as of a date no later than the end of the policy month in which this request was received by the Company or its affiliates at its Home/Administrative Office. No premium paid for any period beyond the date this request is signed shall be used for any purpose other than computing the surrender value.

☐ I understand my policy does not have any cash surrender value. I hereby request cancellation of this policy. NOTE: Any premium drafts or billing will discontinue once cancellation or surrender request has been processed.

6 Application of Values

Apply distributions from policy as follows:

☐ Pay to Owner: Check will be mailed to current address

☐ Special Handling: _____

7 Non-forfeiture Option

I hereby request that my policy be placed in a non-premium paying status and the value of the policy be used to purchase: ☐ Reduced Paid-Up Insurance ☐ Extended Term Insurance

8 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.

9 Signatures

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

x _____ _____
Signature of Additional Owner (if Any) **Date:** Month / Day / Year

x _____ _____
Signature of Beneficiary (if Irrevocable) **Date:** Month / Day / Year

x _____ _____
Signature of Collateral Assignee (if Assigned) **Date:** Month / Day / Year

x _____ _____
Agent Witness Signature **Date:** Month / Day / Year

For Home/Administrative Office Endorsement Only

Agency Code 1- _____ CSSD District Office 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 affiliates.