



Request for Change of Beneficiary, Method Settlement - Change of Name

Issued by American National Insurance Company
One Moody Plaza, Galveston, TX 77550-7999 1-800-899-6806

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- American National Insurance Company (ANICO)
- American National Life Insurance Company of Texas (ANTEX)



INSURED'S POLICY NUMBER _____ INSURED'S SOCIAL SECURITY # _____

INSURED'S NAME _____

AMERICAN NATIONAL, Galveston, Texas, is requested to change the above policy as described below. If any beneficiary designation is shown on this request, all previous beneficiary designations and methods of settlement of the proceeds payable upon death of the insured person named above are revoked, and the following beneficiary designation is to be made in accordance with the conditions and agreements and contained in said policy. **ALL PROCEEDS, INCLUDING FAMILY INCOME OR INCOME PROTECTION BENEFITS, IF ANY, SHALL BE PAID IN A SINGLE SUM UNLESS OTHERWISE ELECTED HEREIN.**

IMPORTANT NOTICE

RETURN THE ENCLOSED POLICY OR RECORDED CHANGE TO: (Please Print)

Name of Policyowner

Address

City State ZIP

Indicate if the policy is enclosed for this Requested Change
 Yes No

BENEFICIARY DESIGNATION	FULL LEGAL NAME	SSN or TAX ID	RELATIONSHIP	Date of Birth
Primary beneficiary				
Address				
Method of settlement, if other than single sum				
Contingent beneficiary				
Address				
Method of settlement, if other than single sum				
Contingent beneficiary				
Address				
Method of settlement, if other than single sum				

GENERAL PROVISIONS

Beneficiaries will be designated as Primary or Contingent. A beneficiary or class of beneficiaries will receive proceeds of a death claim in that order. All relationships are in reference to the insured. Unless changed by endorsement or written request filed at the Company's Home Office:

- (1) two or more class members will share proceeds equally;
- (2) surviving class members will share equally the proceeds to which a deceased beneficiary would have been entitled; or
- (3) if no beneficiary survives the insured, proceeds will be paid to the Insured's estate.

A beneficiary will not share in any proceeds or benefits if:

- (1) the beneficiary dies within 6 days after the Insured's death; and
- (2) the Home Office has not then received proof of the Insured's death.

If the beneficiary is not a natural person, the beneficiary must still exist at the time of the Insured's death. All beneficiaries' interests are subject to any assignment on record at the Home Office.

If the policy numbered above is not in force when this agreement is recorded or when a copy is attached to the policy and made a part thereof, such action shall not constitute an admission by the Company that the policy is in force.

FOR IRREVOCABLE BENEFICIARY ONLY

During the lifetime of said beneficiary (beneficiaries) the insured shall not avail himself of any right, privilege or benefit granted under this policy without the beneficiary's written joinder or consent.

WAIVER OF POLICY PROVISIONS

PLEASE DO NOT SEND THE POLICY UNLESS REQUESTED BY THE COMPANY

If the policy provides that any change of beneficiary shall become effective only if endorsed upon the policy, the Company, at its option and acting through an authorized officer at the Home Office, waives such provision and this change of beneficiary shall become effective when, but only when, recorded by the Company at its Home Office. However, upon being so recorded, such change will take effect as of the date this request was signed, whether or not the insured is living when change is recorded, subject to any payment made or other action by the Company before such recording.

IT IS UNDERSTOOD THAT IN ENDORSING A BENEFICIARY CHANGE, THE COMPANY ADMITS NO LIABILITY NOT ALREADY EXISTING UNDER THE TERMS OF THE POLICY AT DATE OF ENDORSEMENT.

CHANGE OF NAME (ONLY) FOR **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.**

The Insured Beneficiary Owner was changed by Marriage Divorce Correction From _____ To _____

(BEFORE DATING AND SIGNING, read signature requirement instructions on reverse side.)

Dated at _____ City _____ State _____ this _____ day of _____, _____

FOR AGENCY OFFICE USE

SUBMITTED BY ORDINARY

AGENCY CODE: 1- _____

CSSD CODE: 2- _____

CITY STATE

Witness _____ Signature of Insured _____

Address _____

Witness _____ Signature of policy owner, if other than Insured, or Spouse (Community Property States) or Second Insured if Joint Policy. _____

Address _____

FOR HOME OFFICE USE ONLY -- The foregoing request has been recorded at the Home Office of American National, Galveston, Texas

Date _____  J. Mark Flippin Secretary _____ Registrar _____



INSTRUCTIONS FOR CHANGE OF BENEFICIARY AND METHOD OF SETTLEMENT

Use this form when requesting a change of beneficiary or a simple method of settlement of the proceeds payable upon the death of the person whose life is insured under the policy. A request that a change of name be endorsed on the policy should also be submitted on this form. Do not complete the Beneficiary Designation section for change of name only.

Complete a **separate form** for each policy. This request, when completed and recorded at the Home Office of the Company, is in substitution of 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.

List the full given name of each person to be named as beneficiary. Example: **Mary Jane Doe - Not Mrs. John Doe**. Indicate relationship of the proposed beneficiary to the person insured. List the age of the proposed beneficiary.

All proceeds including proceeds of Family type policies or Riders and Monthly Income policies shall be paid in a single sum unless otherwise elected. Be sure to indicate the method of settlement desired. Examples of commonly used beneficiary designations are printed below.

SETTLEMENT OPTIONS - (See policy provisions) Give option number.

Option 1: Installment for Fixed Periods. Indicate the number of years payments are to be made to the beneficiary, and frequency of payments.

Option 2: Installments for Fixed Period and Life Thereafter. Designate the certain period by indicating Table B, C, D, or E. Election of Option Two must be made within one year after the date of death of the person insured.

Option 3: Installments for Fixed Amount. Show the amount of each installment, and frequency of payments.

Option 4: Interest Payment. Indicate the frequency of interest payments and if the beneficiary shall have the right to withdraw any amounts from the proceeds held at interest, and if the beneficiary shall have the right to elect other options. Election of Option Two must be made within one year after death of insured. The minimum amount that will be held at interest for any one beneficiary is \$1,000.00.

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.

- Absolute Assignee.** If the policy is absolutely 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.

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 of 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)	$\frac{3}{4}$ to Mary E. Doe, wife, 34 and $\frac{1}{4}$ 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) 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.
(8) Partnership beneficiary	John A. Smith, 28, William W. Jones, 38, and Henry H. Brown, 46, business partners, equally.
(9) Corporation beneficiary	The A B C Company, Inc., Galveston, Texas, A Texas Corporation, complete address.
(10) Insured's Estate	Estate of the Insured
(11) 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.
(12) Common Disaster Clause:	

The Request for Change of Beneficiary form on the other side hereof contains a 6 day Common Disaster provision (See (1) under General Provisions), but such provisions 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.

SPECIAL NOTE TO AGENCY OFFICE: Before submitting this form to the Home Office, carefully check to see that there are no apparent omissions of required information or signatures and that the name and address of the policyowner is completed. The Endorsed Change or Recorded Change will always be mailed to the policyowner. An acknowledgment of the change will be sent to you only if you complete the "For Agency Use."