

BEFORE COMPLETING THIS FORM - READ INSTRUCTIONS ON REVERSE SIDE

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



REQUEST FOR DUPLICATE POLICY OR CERTIFICATE

WE, the undersigned, represent and warrant, each for himself, that Policy No. _____ issued or assumed by AMERICAN NATIONAL, insuring _____ is lost, misplaced or has been destroyed and we have no knowledge of its whereabouts. Therefore, we request the Company to issue:

- 1. \$3.00 Charge for **LIFE ONLY** duplicate Policy Certificate. *A money order or check must be attached.*
- 2. \$15.00 Charge for **LIFE** duplicate Policy or **HEALTH** duplicate Policy/Certificate. *A money order or check must be attached. NOTE: A \$3.00 duplicate Policy Certificate can not be issued for a duplicate Health Policy/Certificate.*

The Company is also requested to endorse the policy with the following restated or new beneficiary designation. All previous beneficiary designations and methods of settlement are hereby revoked. All proceeds, including family income or income protector benefits, if any, shall be paid in a single sum unless otherwise elected herein.

NOTE: THE BENEFICIARY DESIGNATION PORTION OF THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND WILL BE A PART OF THE POLICY CERTIFICATE OR DUPLICATE POLICY.

FOR AGENCY OFFICE USE	
Submitted by	MLM AGENCY Code 1- _____
H/S DIST. Code 2- _____	Debit _____
City _____	State _____
NOTE: Always include your Agency Office Code. Otherwise, changed policy will be mailed directly to Policyholder.	
COMPLETE ADDRESS ONLY IF POLICY IS TO BE MAILED TO POLICYHOLDER.	
City _____	State _____
State _____	ZIP Code _____

BENEFICIARY DESIGNATION	FULL LEGAL NAME	RELATIONSHIP	AGE
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First beneficiary

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Method of settlement, if other than single sum _____

Second beneficiary

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Method of settlement, if other than single sum _____

Third beneficiary

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Method of settlement, if other than single sum _____

If Policy provisions require beneficiary designations from more than one insured, attach as many completed change of beneficiary forms as needed.

GENERAL PROVISIONS

The designation of First, Second, Third, etc. determines the order in which any beneficiary shall become eligible to receive proceeds as a death claim. Unless otherwise provided herein or in a written request filed and recorded at the Company's Home Office:

- (1) All beneficiaries in a class shall share equally.
- (2) A beneficiary must be living on the sixth day following the date of death of the insured person named above to be entitled to any death benefit under the policy.
- (3) If one or more of the beneficiaries in a class should predecease the insured or should die before the sixth day following the date of death of the insured, the share which such beneficiary(ies) would have received shall be paid in equal shares to those of the beneficiaries of the class who are living on said sixth day, or all to the surviving beneficiary of the class if only one is living on said sixth day. If no beneficiary is living on said sixth day, the proceeds shall be paid to the estate of the insured person.
- (4) All relationships shall be in reference to the insured person named in the heading of this request form. If a beneficiary is other than a person, all references herein to life or death shall be construed to refer to the continuance or non-continuance of such entity's existence.
- (5) Payments other than in a single sum shall be in accordance with settlement options contained in the policy.

The interests of all beneficiaries are subject to any assignment of this policy on record at the Home Office of the Company.

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.

WAIVER OF POLICY PROVISIONS

If the policy provides that any change of beneficiary shall become effective only if endorsed upon the policy, the Company may, at its option, but acting through an authorized officer at the Home Office, waive such provision and in such event 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 the 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 **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**

<input type="checkbox"/> Insured	<input type="checkbox"/> Marriage
The <input type="checkbox"/> Beneficiary was changed by	<input type="checkbox"/> Divorce Old Name _____
<input type="checkbox"/> Owner	<input type="checkbox"/> Correction New Name _____

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

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

Witness _____

Signature of Insured _____

Address _____

Signature of Second Insured _____

Witness _____

Signature of policy owner, If other than insured, or Spouse signature if in a Community Property State or 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

[Signature]
Secretary

Registrar



INSTRUCTIONS FOR CHANGE OF BENEFICIARY AND METHOD OF SETTLEMENT

Use this form if a request for duplicate policy is necessary. If a change of beneficiary, named or method of settlement is also needed, please process these in the manner listed below. If the policy holder has a contract, and needs to make one of these changes, please use form 1737. The beneficiary section must be completed, regardless of whether or not the designation is changing.

Complete a separate form for each policy. This request, when completed and recorded or endorsed upon the policy, 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 both forms.

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 \$2,000.00.

SIGNATURE REQUIREMENTS

1. **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 an officer of the Corporation other than the insured, attested by the Secretary, **supported by a certified copy of a resolution of the board of directors** directing the signing officer to sign, is required.
- A partnership** - All partners must sign. (**For Joint Life Policy**, if policy has joint ownership, both owners must sign any form submitted.)

2. **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.

3. **Absolute Assignee** - If the policy is absolutely assigned, the signature of the Assignee is required.

4. **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.

5. **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, complete address.
(2) Two beneficiaries (equal shares)	John J. Doe, father, 42, and Mary E. Doe, mother, 36, equally or to survivor, complete address of each
(3) Two beneficiaries (unequal shares)	$\frac{3}{4}$ to Mary E. Doe, wife, 34, and $\frac{1}{4}$ to Jane J. Doe, mother, 59, or all to survivor, complete address of each
(4) One primary (First) and two contingent (Second) beneficiaries	First - Mary E. Doe, wife, 23, complete address Second - Jane J. Doe, mother, 45, and James H. Doe, brother, 30, equally, or to survivor, complete address of each.
(5) One primary (First) and one contingent (Second) beneficiaries	First - Mary E. Doe, wife, 45, complete address. Second - Jane J. Doe, Mother, 65, and James H. Doe, brother, 30, equally or to survivor, complete address of each.
(6) One primary (First) beneficiary and children of the Insured as contingent	First - Mary E. Doe, wife, 45, complete address. Second - Sam M. Doe, 20, Susan B. Doe,* 20, and any other children hereafter born to marriage of or hereafter legally adopted by Insured and May E. Doe, equally or to survivor or survivors. *(Name all living children and give ages), complete address of each.
(7) Creditor beneficiary	The A B C Savings and Loan Association, Galveston, Texas, a Texas Corporation, complete address, 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, complete address of each.
(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 if 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 5-day Common Disaster provision (See (2) 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 or 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 and the policy to the Home Office, carefully check to see that there are no apparent omissions of required information. Then complete the area "For Agency Office Use."