



# Application for Policy Ownership Modification

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7999



This Application for Modification Should Be Prepared and Sent to the Home Office in Duplicate  
To AMERICAN NATIONAL INSURANCE COMPANY, Galveston, Texas:

I hereby request that Policy No. \_\_\_\_\_ issued by you for insurance/annuity on the life of  
\_\_\_\_\_, application dated \_\_\_\_\_,  
be modified as set out below. I agree that this request shall be a part of the policy and be subject to the policy provisions.

## POLICY OWNERSHIP

From the date of signing this modification the owner of this policy shall be:

(NAME)	(RELATIONSHIP)	(ADDRESS)	(SS#)	(DOB)
while living, otherwise to (complete only if a contingent owner is named):				

(NAME)	(RELATIONSHIP)	(ADDRESS)	(SS#)	(DOB)
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Upon the death of the owner during the lifetime of the insured, the contingent owner, if any, shall become the owner, but if there is no contingent owner, ownership shall pass to the estate of the owner. Upon the death of the insured all rights of ownership terminate and any proceeds are paid to the designated beneficiary. This policy matures upon the death of the Insured (or, if this is an Endowment Policy, upon the death of the Insured or on the Endowment Maturity Date, whichever occurs first) and prior to maturity said owner shall have the full unrestricted right to exercise all incidents of ownership, including, but not limited to, the right to request and receive all cash values, loans and other benefits accruing hereunder, to assign the policy, to exercise all privileges and options contained herein, and to agree with the company to any release, modification or amendment of this Policy. All rights and privileges are subject to the right of an assignee or irrevocable beneficiary, if any. I am aware that there may be tax consequences regarding this transaction, and have consulted a tax advisor.

I understand that the Company may find it necessary to amend this request in order to bring it into conformity with Company practices or policy provisions. I therefore agree that my acceptance of the policy modified by the request as amended shall constitute my approval of the amendment.

## HOME OFFICE CORRECTIONS AND/OR AMENDMENTS

Dated at \_\_\_\_\_ Date \_\_\_\_\_,  
(City) (State)

\_\_\_\_\_  
(Witness) Signed \_\_\_\_\_ (Owner)

\_\_\_\_\_  
(Witness) Signed \_\_\_\_\_ (New Owner and Title (if applicable))

The Blank Spaces Below to Be Filled by Home Office Only

AMERICAN NATIONAL INSURANCE COMPANY hereby agrees to the modification as hereinabove set forth:

Dated: Home Office, American National Insurance Company, Galveston, Texas, \_\_\_\_\_, \_\_\_\_\_

J. Mark Flippin  
SECRETARY

\_\_\_\_\_  
(REGISTRAR)