



Identification Questionnaire

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

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American National Insurance Company (ANICO)

American National Life Insurance Company of Texas (ANTEX)

TO HOME OFFICE	DISTRICT	NAME OF INSURED	DATE
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DEPARTMENT

TO ASSIST US IN TRACING THE INSURANCE IN QUESTION, PLEASE FURNISH ALL AVAILABLE INFORMATION BELOW.

1. Full name of insured _____
2. Date of birth _____
3. Name of beneficiary when the policy was issued _____
4. Policy number _____
5. If the insured is a woman; a. Give the full name prior to marriage _____
b. Give the full married name _____
6. Residence address when the policy was issued _____
7. Name of the agent who wrote the application _____
8. Approximate date of issue of policy _____
9. Amount of premium payable \$ _____
10. Any address from which premiums were collected _____
11. Were premiums paid at a District Office? _____
12. Names of agents who collected premiums (preferably the last one) and the approximate date _____

13. Approximate date of discontinuance of premiums payment _____
14. Are any premium receipts, letters of facts or other documentation available? If so, send them with this form.
15. If a death claim, cash surrender, or any other policy settlement was made in the family, give the policy number, date of settlement, full name of the insured, and address of the insured _____

16. Was any other insurance issued on the life of this person? If so, give the policy numbers _____

Date _____

Signature of Insured

Address