



Annuity Claim Form

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

NF

Overnight Address Mail Processing Center, Attn: Life & Annuity Claims 10466,
1949 E. Sunshine St., Springfield, MO 65899-0001
Mailing Address PO Box 10466, Springfield, MO 65808-0466 / **Phone** 1-800-615-7372



Page 1 of 5

In order to process your claim as quickly as possible we need some information about you and the deceased. Please submit the policies, and a certified death certificate along with pages 1 and 2 of the claim form. Each claimant must submit his or her own claim form. Only one certified death certificate is necessary.

1 Company Selection (Collectively referred to herein as "Company")

American National Insurance Company	Garden State Life Insurance Company
American National Life Insurance Company of Texas	Standard Life and Accident Insurance Company
American National Life Insurance Company of New York	

2 Deceased Information

First Name _____ M.I. _____ Last Name _____ Deceased's Date of Birth _____

Please list all policy numbers on which you are filing a claim.

To assist us in searching for any additional policies, please provide us with any other names used by the deceased or any other spelling of the name of the deceased, including any aliases.

3 Beneficiary Information

First Name _____ M.I. _____ Last Name _____ Date of Birth _____
_____ ☐ SSN ☐ ITIN ☐ EIN _____

If you are claiming on behalf of a minor child, please provide the child's name, address, Social Security Number and Date of Birth.

Relationship to the deceased (Explain) _____

Address _____ City _____ State _____ ZIP _____

Email Address _____ Daytime Telephone _____ Evening Telephone _____

Is the policy lost? ☐ Yes ☐ No Has the beneficiary's name changed? ☐ Yes ☐ No

If Yes, please explain _____

4 Authorization

- 1) By furnishing proof of death forms the Company does not waive any available legal defenses;
- 2) I certify, under penalty of perjury that the information and Social Security Number(s) on this claim form are true and correct;
- 3) **I have read the applicable state Claim Fraud Warning provided in this form. NEW YORK RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

X _____
Signature of Claimant _____ **Date:** Month / Day / Year

► **NOTE:** (Please complete and return pages 1-3. Be sure to sign pages 1 and 3 where applicable.)

5 Beneficiary Claim Selection

Name of Beneficiary

First Name M.I. Last Name

Claim # Policy #

- 1) Have you been notified by the Internal Revenue Service that you are subject to a Back-Up Withholding Order on interest and dividends? ☐ Yes ☐ No
- 2) ☐ I DO ☐ I DO NOT WANT FEDERAL INCOME TAX WITHHELD FROM MY DISTRIBUTION.
► NOTE: Failure to answer (1) and (2) above will require this form to be returned to you for completion and delay processing of your claim. Please see disclosure in Section 6, Page 4.
- 3) For tax qualified contracts only - If the owner of this policy has:
- attained age 73 or
 - age 72, if the Owner attained age 70-1/2 on or after January 1, 2020, but prior to January 1, 2023, or
 - if the Owner attained age 70-1/2 prior to January 1, 2020
- have minimum required distributions been satisfied for the year of death? ☐ Yes ☐ No
- If NO, is the minimum required distribution to be satisfied by this policy? ☐ Yes ☐ No

Method of Settlement Requested

- a) ☐ Lump sum settlement requested
- b) ☐ Spousal assumption (continue existing contract/nontaxable event)
- c) ☐ Purchase New Annuity with the Company (potential taxable event) ***Please see disclosure in Section 7 page 4.
- NOTE: Qualified Contracts (for Spouse and Non-Spouse Beneficiaries)**
- d) ☐ Beneficiary IRA maintained with the Company
- e) ☐ Beneficiary IRA to be transferred to _____ (transfer paperwork attached)
- NOTE: Non-Qualified Contracts (for Spouse and Non-Spouse Beneficiaries)**
- f) ☐ Non-Qualified Beneficiary Annuity maintained with the Company
- g) ☐ Non-Qualified Beneficiary Annuity to be transferred to _____ (transfer paperwork attached)
- h) ☐ Settlement option, if settlement option is available, select type of settlement below. (Before selecting a settlement option, we suggest that you consider consulting your attorney or accountant to determine if there are any IRS or state tax implications for the option you elect).

Type of Payments for Settlement Option

- ☐ Fixed Payments (equal payments for a specified period) ☐ Life Income (payments for your lifetime)
- ☐ Life Income with *_____ period certain (payments for your lifetime with a specified number of years guaranteed)
 *insert specified number of years for guaranteed payments
- ☐ Joint Life Income with 1/2 ☐ 2/3 ☐ 3/4 ☐ 100% ☐ to survivor
- ☐ Interest** (Proceeds will be held at interest for up to five years from death) choose one below
- ☐ **Accrued interest paid annually OR ☐ ** Interest to accumulate

Frequency of Payments for Settlement Option

- ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually
- To comply with Internal Revenue Code 72(s), the payments will be made for 5 years unless otherwise requested. If you would like to receive payments for other than 5 years, please state the number of years payments are to be received _____.

6 Beneficiary Information for Settlement Option

In the event of your death and you have not elected a lump sum settlement, **if the policy allows**, state who is to receive proceeds:

☐ Primary ☐ Contingent Percent Payable %

Name _____ Age _____ Relationship _____
☐ SSN ☐ ITIN ☐ EIN _____ Address _____

☐ Primary ☐ Contingent Percent Payable %

Name _____ Age _____ Relationship _____
☐ SSN ☐ ITIN ☐ EIN _____ Address _____

☐ Primary ☐ Contingent Percent Payable %

Name _____ Age _____ Relationship _____
☐ SSN ☐ ITIN ☐ EIN _____ Address _____

If additional beneficiaries are to be named, please submit a separate sheet with all information listed for each beneficiary. The additional sheet must be signed and dated.

X _____
Signature of Claimant

Date: Month / Day / Year

7 Settlement Requirements

- 1) Payment may be expedited if the policy(ies) is sent with the completed proof of death.
- 2) You should send a Certified Death Certificate filed with the Board of Health.
- 3) A written request for payment must be made by the person to whom the insurance is payable as the last designated beneficiary or beneficiaries. The following should be observed:
 - a) If there is more than one beneficiary and/or policy, forms will be furnished for each.
 - b) If the proceeds are payable to the estate, the claim form must be executed by the executor or administrator of the insured's estate. A certified copy of the Court Order showing that the executor or administrator has qualified must also be submitted. Be sure that the Tax Identification Number of the Estate is listed rather than the Social Security Number of the person completing the form.
 - c) If the proceeds are payable to a minor or to a mentally incompetent person, the claim form should be executed by the guardian or conservator of the estate of the minor or incompetent person. A certified copy of the court appointment must also be submitted. Be sure that the Social Security Number of the minor, or incompetent person is listed rather than of the guardian or conservator.
 - d) If the proceeds are payable to a Trust, the Trustee or Successor Trustee as provided for in the agreement must complete this form. Include a copy of the Trust Agreement and any amendments with your claim. Be sure that the Tax Identification Number of the Trust is listed rather than the Social Security Number of the Trustee or person completing the form.
 - e) If the proceeds are payable as "interest may appear," certified proof of this interest and the extent of it must be furnished. If the policy(ies) has been assigned, or a power of attorney or other instrument affecting title to the insurance has been executed, the original or a certified copy of such instrument must be enclosed. The Company may require proof of the interest of any assignee.
 - f) Be sure to include your date of birth.

7 Settlement Requirements (continued)

- 4) A copy of the Death Certificate or other satisfactory proof of death of each deceased beneficiary must be submitted.

Please check to see that all questions on the form are answered. Be sure that it is properly dated and signed in all required sections. If anything is not clear, see the nearest Company Representative, write to the above address, or call the toll free number listed above.

Disclosures

Amounts paid to you may be subject to Federal, and potentially state and local, income tax withholding. Withholding will only apply to the portion of your distribution or withdrawal that is included in your taxable income. If you have too little tax withheld, you will generally owe tax when you file your tax return, and you may owe a penalty unless you make timely and sufficient payments of estimated tax throughout the year. If you have too much tax withheld, you will generally be due a refund when you file your tax return. You should consult with your personal financial or tax advisor with respect to the tax implications of your distribution or withdrawal. Federal, state and local laws regarding tax withholding are subject to change at any time without notice. Regardless of whether you elect to have Federal or state withholding, you are liable for payment of all Federal, state and local income taxes and any penalties which may apply to your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your estimated tax payments and withholding are not adequate. IRS regulations state that if you do not provide your taxpayer identification number we are required to withhold at the current withholding rate. Tax withholding elections remain in effect until the Company receives instructions to change such elections. I confirm that I have read these withholding instructions and notice.

If you choose to Purchase a New Annuity or inherit the contract and you are not currently working with an agent, please contact us at 800-615-7372 so we can arrange for an agent to contact you and complete the necessary application.

8 Claim Fraud Warning

Please refer to the applicable fraud warning for your state of residence.

Alabama, Arkansas, Arizona, Louisiana, New Mexico, Rhode Island, Texas and West Virginia:

This warning is required by law to be provided on this form and it is for your protection. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines and confinement in prison.

Alaska, Kentucky, Minnesota, Ohio and Pennsylvania:

This warning is required by law to be provided on this form and it is for your protection. A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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.

For your protection Colorado law requires the following to appear on this form. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana and Oklahoma:

This warning is required by law to be provided on this form and it is for your protection. Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

For your protection District of Columbia law requires the following to appear on this form. WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.

For your protection Florida law requires the following to appear on this form. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maine, Tennessee, Virginia and Washington:

This warning is required by law to be provided on this form for your protection. WARNING: It is a crime to knowingly provide false or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire:

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For your protection New Jersey law requires the following to appear on this form. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For your protection Puerto Rico law requires the following to appear on this form. Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.