



Policy Service Request

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

Overnight Address Mail Processing Center, Attn: LIS 3257, 1949 E. Sunshine St.,
Springfield, MO 65899-0001 / **Phone** 1-800-899-6806
Mailing Address Mail Processing Center, P.O. Box 3257, Springfield, MO 65808-3257



1 Company Selection

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

2 Current Information

Insured's First Name	M.I.	Last Name	Policy Number	
_____	_____	_____	_____	
Owner's First Name	M.I.	Last Name	Date of Birth	
_____	_____	_____	_____	
Owner's Street Address	City		State	ZIP
_____	_____		_____	_____
E-mail Address	Telephone		SSN/TIN	
_____	_____		_____	

3 Loan or Partial Surrender

Complete this section if you are requesting a loan or partial surrender.

IMPORTANT NOTICE: Your request to borrow or partially surrender funds from your policy will affect your policy values, including, but not limited to, your guaranteed and non-guaranteed elements, face amount, and/or the surrender value of your policy. Review policy's loan or partial surrender provision before electing an option. Under certain circumstances, loans and withdrawals could create a taxable event.

Process loan in the following amount:

NOTE: Check below and Complete Section 6

- Specified Amount \$ _____
- Maximum Loan \$ _____ Maximum Loan _____
- Premium Loan Number of premium(s) _____ to be paid on this policy for a total amount of \$ _____.

Process partial surrender in the following amount:

NOTE: Complete Section 6
Only applies to Universal Life, Single Premium Life, or CSSD Annuity Rider

\$ _____

Schedule Loan Repayment:

NOTE: \$15.00 Minimum

- \$ _____
- Monthly Direct Bill (CSSD Only)
- Electronic Fund Transfer (Submit Pre-Authorized Payment Plan - Authorization Form)

4 Dividend Options

Complete this section if you are requesting to change Dividend Options or withdraw Dividend Values.

Change Dividend Option to:

► **NOTE:** Check one

- Option 1: Pay in Cash
- Option 2: Reduce Premium
- Option 3: Accumulate at Interest
- Option 4: Paid-Up Additional Insurance
- Option 5: _____

Withdraw Dividend Values for:

► **NOTE:** Check one and Complete Section 6

- Specified Dividend Amount of
\$ _____
- All Dividend Value

If Paid-Up Additional Insurance is surrendered, the Company or its subsidiaries are released from liability on the amount surrendered.

5 Surrender

► **NOTE:** Complete Section 6 for Distribution of Values.

- Surrender:** I hereby request cancellation of this policy and payment of its surrender value. Such payment is acknowledged as full payment of all claims under the policy. Such cancellation shall be effective immediately, with the surrender value computed as of a date no later than the end of the policy month in which this request was received by the Company or its subsidiaries at its Home/Administrative Office. No premium paid for any period beyond the date this request is signed shall be used for any purpose other than computing the surrender value.

By checking this box, I declare that my policy has been lost, misplaced, or destroyed.

6 Application of Values

Apply distributions from policy as follows:

- Pay to Owner: Check will be mailed to current address
- Special Handling: _____

7 Non-forfeiture Option

I hereby request that my policy be placed in a non-premium paying status and the value of the policy be used to purchase:

- Reduced Paid-Up Insurance
- Extended Term Insurance

8 Signatures

X _____
Signature of Owner

Date: Month / Day / Year

X _____
Signature of Additional Owner (if Any)

Date: Month / Day / Year

X _____
Signature of Beneficiary (if Irrevocable)

Date: Month / Day / Year

X _____
Signature of Collateral Assignee (if Assigned)

Date: Month / Day / Year

X _____
Witnessed by

Date: Month / Day / Year

For Home/Administrative Office Endorsement Only

Agency Code 1- _____	CSSD Code 2- _____	City _____	State _____
Processor's First Name _____	M.I. _____	Last Name _____	Date _____

This request has been recorded at the Home/Administrative Office of American National or its subsidiaries.