

**AUTHORIZATION TO TRANSFER FUNDS TO:
American National Insurance Company**

Administrative Office
25 Legacy Drive Northwest, Rome, Georgia 30165
Telephone (800)-300-0519

ALWAYS COMPLETE SECTION 1 – The request for transfer will be sent to the address provided on this form. If you are requesting overnight delivery, please provide a street address.

1. PREMIUMS COMING FROM:

Company Name: _____

Address: _____

Transfer Company Phone Number: (____) _____

Insured(s)/Annuitant(s): _____

Owner: _____ SSN/TIN: _____

Joint Owner: _____ SSN: _____

Current Contract/Account Number(s): _____

The undersigned hereby requests and directs that the following action be taken in order to transfer the contracts/accounts identified above.

COMPLETE EITHER SECTION 2 OR 3 FOR NON-QUALIFIED ACCOUNTS ONLY

2. COMPLETE IF TAXABLE TRANSFER OF NON-QUALIFIED FUNDS (i.e., CD, Mutual Fund, Money Market)

I/We direct the Institution named above to immediately liquidate and transfer in full the assets to American National Insurance Company, unless otherwise specified below.

Partial transfer: Liquidate and transfer assets listed: _____

If transfer is not to occur immediately, please process as follows:

On the maturity date of ____/____/____ or On the date of ____/____/____

I/We understand that early withdrawal penalties may apply and that redemption of this account could require payment of taxes on any gains, that this is not a tax-free exchange, and that redemption proceeds may vary depending on the date of redemption.

3. COMPLETE IF TAX-FREE TRANSFER OF VALUES PURSUANT TO IRC SECTION 1035(a)

A. ABSOLUTE ASSIGNMENT TO EFFECT FULL IRC SECTION 1035 EXCHANGE (Non-Qualified Funds): As the Owner(s) of the identified contract(s), I/We hereby assign all ownership and beneficial rights under the contract(s) absolutely to American National Insurance Company. All previous designations of payee, and all previous elections of payment options under the contract(s) are hereby revoked. Please, process a full surrender of a non-qualified deferred annuity contract(s) or life insurance contract for the purchase of a non-qualified annuity contract pursuant to IRC Section 1035.

B. PARTIAL EXCHANGE UNDER IRC SECTION 1035 EXCHANGE (Non-Qualified **Annuities Only**): I/We request a partial withdrawal of \$_____ (indicate amount to be sent to American National Insurance Company) from the contract/account identified pursuant to a partial exchange under IRC Sec. 1035. Please process a partial withdrawal from my existing non-qualified deferred annuity for purchase of a new non-qualified deferred annuity contract pursuant to IRC Section 1035.

If transfer is not to occur immediately, please process as follows:

On the maturity date of ____/____/____ or On the date of ____/____/____

I/We agree(s) that (1) American National Insurance Company is participating in this transaction at my/our specific request and as an accommodation to me/us; (2) American National Insurance Company and its representatives make no representation concerning treatment under IRC Section 1035(a) or otherwise; (3) American National Insurance Company assumes no responsibility nor any liability for the validity of this transaction or for the tax treatment under IRC Section 1035(a) and assumes that I/We consulted a tax advisor; (4) no person, firm, or corporation has a legal or equitable interest under the above referenced contract, except the undersigned, and no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned or involving the above referenced contract; and (5) the full/partial distribution from my existing contract may be subject to surrender charges.

COMPLETE SECTION 4 FOR QUALIFIED ACCOUNTS ONLY (May include: CD, Mutual Fund, Annuity, Money Market, etc.)

4. COMPLETE IF DIRECT TRANSFER/ROLLOVER—QUALIFIED FUNDS

The existing funds are held as: IRA Roth IRA SEP-IRA TSA/403(b)
 Pension Plan 401(k) Keogh Other: _____

Please immediately liquidate and transfer in full the funds from the account/contract identified above for reinvestment in my American National Insurance Company annuity contract, unless otherwise specified below. For TSA funds: I am requesting a tax free transfer of values from my current TSA contract/account to my American National Insurance Company TSA pursuant to Revenue Ruling 90-24. I understand that this transfer is not considered an actual distribution under IRC section 403(b)(1) and, therefore is not a taxable transfer, so long as (1) the early distribution restrictions on my American National Insurance Company TSA are at least as restrictive as the early distribution restrictions on my current TSA and (2) payment is made directly to American National Insurance Company. I further understand that my American National Insurance Company TSA only accepts transfer of assets pursuant to IRS Revenue Ruling 90-24 and that loans may not be transferred to the American National Insurance Company annuity.

Partial transfer: Liquidate and transfer assets listed: _____

If transfer is not to occur immediately, please process as follows:

On the maturity date of ____/____/____ or On the date of ____/____/____

I agree that I am responsible for determining whether this transfer of funds meets federal tax laws and IRS requirements relating to non-taxable transfers and that this form is being furnished by American National Insurance Company as an accommodation to me.

MINIMUM REQUIRED DISTRIBUTION

Please distribute my MRD to me prior to transferring or rolling over my qualified funds

5. LOST CONTRACT OR ACCOUNT BOOK STATEMENT

CERTIFICATE OF LOST CONTRACT: I/We certify that if the identified numbered contract/account book is not attached to this request that it has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

ALWAYS COMPLETE SECTIONS 6 AND 7

6. TAX WITHHOLDING NOTICE AND ELECTION

Depending on the type of transfer you are requesting, all or a portion of the amounts transferred may be taxable and subject to withholding of federal (and state, if applicable) income tax unless you elect otherwise. Please note that even if you elect not to have income tax withheld, you are liable for payment of federal (and applicable state) income tax on the taxable portion of your transfer. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. Please make your election below:

- I/We elect to have federal (and applicable state) income tax withheld from amounts transferred. Specify amount/percentage: \$/% _____.
- I/We elect not to have federal (and applicable state) income tax withheld from amounts transferred.

7. ACKNOWLEDGEMENT AND SIGNATURES

I/We understand that if the contract/account is surrendered or otherwise terminated, American National Insurance Company bears no responsibility for reinstatement in the event that I/we exercise my/our right to examine and return my American National Insurance Company contract. Interest will never be credited to the American National Insurance Company contract prior to the date the amounts transferred are received at the Administrative Office. American National Insurance Company bears no responsibility for payment of any premiums or other amounts necessary to keep my/our existing contract/account in force prior to its liquidation, surrender or termination.

I/We am/are aware of any company-imposed surrender/withdrawal charges which may be imposed by the transferring company, and I/We authorize the transaction described above.

Dated at _____ (City & State) _____ Date

Witness _____ Primary Owner Signature: _____

Joint Owner Signature: _____

Signature Guarantee (may be required for mutual funds)

Notary Signature (if required)