



# Application for Modification

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

American National Insurance Company (ANICO)  
 American National Life Insurance Company of Texas (ANTEX)



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 \_\_\_\_\_ issued by you for insurance/annuity on the  
life of \_\_\_\_\_ Application dated  
\_\_\_\_\_ be modified as set out below and I agree that this request shall be a part of the policy and be subject  
to the policy provisions.

### Beneficiary and Settlement Option Designation

I designate the persons named below as the beneficiaries of the life insurance policy that I have applied for. I am also selecting the settlement option as provided herein. The beneficiary shall have no right to select a different settlement option or to assign, encumber or commute the payments to which the person may become entitled. I reserve the right to change beneficiaries and this settlement option as provided in the policy. If any beneficiary does not survive the insured and I fail to name a successor beneficiary, the payment that the deceased beneficiary would have otherwise been entitled to receive will be divided prorata among the beneficiaries that do survive the insured. If no beneficiary survives the insured, the death benefit will be paid to the insured's estate.

Upon the insured's death, the death benefit will be retained by the company and interest will be earned at 2.5%. In exchange for this guaranteed rate, I understand that a higher interest rate will not be credited even if the company's current rate at the time of policy settlement is higher. Payments in a fixed amount of  \$100,  \$250,  \$500 or  \$ \_\_\_\_\_ (specify amount which must be in a \$100 increment) will be made on or about the birthday of each beneficiary accompanied by a birthday card. The first check will be paid on the first birthday of a beneficiary that occurs at least twelve months following the insured's death. Annual birthday payments will be made until each beneficiary reaches age 55 at which time the beneficiary's proportional share of the death benefit and any accrued interest earned on that share will be distributed in a lump sum. Upon the death of any beneficiary, before the beneficiary reaches age 55, the amount that the deceased beneficiary would have otherwise been entitled to receive will be paid to that beneficiary's named beneficiary or in the absence of a named beneficiary, to the estate of the deceased beneficiary.

If premium payments are stopped and the death benefit of a reduced paid up policy is sufficient to earn enough interest to provide an annual check of at least \$100 to each beneficiary, annual checks and cards will be sent and if not, the death benefit will be paid in a lump sum to the beneficiaries.

Name of Beneficiary	Relationship to Insured	Date of Birth	Social Security #
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1. \_\_\_\_\_

Address \_\_\_\_\_

2. \_\_\_\_\_

Address \_\_\_\_\_

3. \_\_\_\_\_

Address \_\_\_\_\_

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Name of Beneficiary

Relationship to Insured

Date of Birth

Social Security #

4. \_\_\_\_\_

Address \_\_\_\_\_

5. \_\_\_\_\_

Address \_\_\_\_\_

6. \_\_\_\_\_

Address \_\_\_\_\_

Greeting to appear on birthday card sent to beneficiaries: \_\_\_\_\_

Happy Birthday from \_\_\_\_\_

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)

\_\_\_\_\_  
Signed \_\_\_\_\_

(Witness)

(Owner)

\_\_\_\_\_  
Signed \_\_\_\_\_

(Witness)

(Title)

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)