



**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO.000 CITY, ST  
 POSTAGE WILL BE PAID BY ADDRESSEE  
 YOUR COMPANY NAME  
 ADDRESS  
 CITY, STATE 00000-0000



**NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES**

YOUR POSTAL  
 PERMIT INFO  
 HERE

Please tear here before mailing.

**For more information,  
 please contact:**

Your Company Name  
 Your address  
 City, State 00000  
**phone:** (000) 000-0000  
**email:** youremail@company.com

Your Company Name  
 Address  
 City, State, Zip Code

**Creating  
 guaranteed  
 memories  
 is a wonderful  
 and lasting gift.**

**Guaranteed  
 Memories®**



**A wonderful  
 and lasting gift for  
 your grandchildren.**



## Guaranteed Memories®

Were you lucky enough to receive a birthday card and check from your grandparents? Hopefully, you remember the excitement of receiving mail addressed just to you. Even if it was just a dollar, it was a dollar you could spend any way you wished and it felt wonderful.

The warm and special feeling a grandchild experiences when receiving a birthday card and gift from a grandparent does not go away just because the grandchild grows older.

Guaranteed Memories® will make sure that after you pass away, your grandchildren will continue to enjoy those same warm feelings. The guarantee comes from American National Insurance Company, which will make annual payments and send birthday cards in your name to your grandchildren.

American National makes sure there is enough money to guarantee that when you are no longer here, your birthday gifts will be delivered.

At the grandchild's age 55 annual birthday cards and checks stop and they will receive a lump sum payout of any remaining death benefit.

Visit our website for details:  
[www.guaranteedmemories.com](http://www.guaranteedmemories.com)

Guaranteed Memories®, is funded with a life insurance policy issued by American National Insurance Company. The foregoing is not a contract or an offer to contract, but it is only a general description of benefits available under a policy providing the benefits outlined. Product availability, features and rates may vary by state. Policy Form No. PWL-CSO



AMERICAN NATIONAL  
 INSURANCE COMPANY  
 One Moody Plaza, Galveston,  
 Texas 77550-7999

**YES! I would like to receive more information on Guaranteed Memories.**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 First Names of Grandchildren: \_\_\_\_\_

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