



# Annuity Service Request Form

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947



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Mailing Address: P.O. Box 10427, Springfield, MO 65808-0427 Phone Number: 1-800-252-9546 Fax: (409) 766-2022

**POLICY NUMBER:** XEA12345 **Policy(保険証券)記載のご契約番号** **ANNUITANT:** ご契約者様の氏名

**OWNER:** ご契約者様の氏名

**PHONE NUMBER:**

**EMAIL:**

**JOINT OWNER:**

**PHONE NUMBER:**

**EMAIL:**

**Note: The existing owner and joint owner (if applicable) must authorize all changes or requests by providing a signature.** ご変更のある場合は、新しい情報をご記入ください

**1. CHANGE OF NAME:** Only complete this section if the annuitant, owner, or beneficiary's name has changed.  
Please complete section 3 for a Change of Annuitant, section 4 for a Change of Ownership, or section 5 for a Change of Beneficiary.

☐ Annuitant ☐ Owner ☐ Beneficiary

Current Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Reason for Change: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Correction ☐ Other: \_\_\_\_\_

## 2. CHANGE OF ADDRESS:

☒ Annuitant ☒ Owner ☐ Beneficiary 同居所にお住まいのBeneficiary/Contingentの住所変更を同時に申請する場合は✓

**Old Address:** 旧(現在ご登録の)住所

2400 W Carson St STE 210

Mailing Address

Torrance CA 90501

City State Zip

**New Address:** 新住所 例) 〒123-1234 東京都桜市西通り2-40 WFCハイツ201号

#210 2-40 Nishi-dori

Mailing Address

Sakura-shi Tokyo 123-1234 JAPAN

City State Zip

## 3. CHANGE OF ANNUITANT: Only applies to contracts where a death benefit is not paid upon annuitant's death.

I/We hereby request that the annuitant be changed:

From: \_\_\_\_\_

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

To: \_\_\_\_\_  
\* ご印刷後に手書きで追記をお願いいたします  
\* 郵便番号のあとに国名を合わせてご記入ください

Mailing Address \_\_\_\_\_

City State Zip

## 4. CHANGE OF OWNERSHIP: A change in ownership may result in adverse tax consequences. Consult your tax advisor for guidance.

### Complete this section to change the Owner:

Existing Owner's Information:

Name: \_\_\_\_\_

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

### Complete this section to change and/or add a Joint Owner:

Existing Joint Owner's Information (if Joint Owner is changing):

Name: \_\_\_\_\_

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

New Owner's Information:

Name: \_\_\_\_\_

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip

New Joint Owner's Information:

Name: \_\_\_\_\_

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip



**5. CHANGE OF BENEFICIARY: If naming more than one individual or a class complete the Supplemental Application - Additional Beneficiary Page for Annuity (Form Series 10073-2).**

I/We revoke existing designations and subject to any existing assignment, make the following Beneficiary and Contingent Beneficiary Designations:

Name of Primary Beneficiary:

Name of Contingent Beneficiary:

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

☐ SSN ☐ TIN ☐ EIN \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_

Relationship to Annuitant: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6. DISTRIBUTION REQUEST:** A 10% Pre-Mature Distribution Penalty may be assessed if the owner of this contract is under age 59½. Please refer to a tax consultant for further information.

**IMPORTANT NOTICE: YOUR REQUEST TO BORROW, SURRENDER OR WITHDRAW FUNDS FROM YOUR ANNUITY CONTRACT MAY AFFECT YOUR CONTRACT VALUES; INCLUDING, BUT NOT LIMITED TO, YOUR GUARANTEED AND NON-GUARANTEED ELEMENTS, FACE AMOUNT AND/OR SURRENDER OF YOUR CONTRACT.**

☐ **PARTIAL WITHDRAWAL**

I hereby request a one-time withdrawal for \$\_\_\_\_\_ (\$250 minimum)

☐ **10% FREE WITHDRAWAL** ☐ **SYSTEMATIC** ☐ **ONE-TIME ONLY**

I hereby request a withdrawal of 10% of the annuity value as of the beginning of the contract year.

☐ **INTEREST ONLY SYSTEMATIC WITHDRAWALS**

I hereby request interest withdrawals from the contract on a systematic basis.

☐ **FIXED AMOUNT SYSTEMATIC WITHDRAWALS**

I hereby request systematic withdrawals in the amount of \$\_\_\_\_\_ from the contract on a systematic basis.

☐ **CONTRACT SURRENDER**

I hereby request a surrender of the entire contract for its full cash surrender value. Contract must accompany this form if this option is selected. If contract has been lost or destroyed, please initial here \_\_\_\_\_.

If you elected to receive distributions on a systematic basis, please specify the frequency in which the funds should be disbursed.

☐ Monthly ☐ Quarterly ☐ Semiannual ☐ Annual Date of First Payment \_\_\_\_\_

**A voided check must accompany this form if you have completed a request for a distribution. Distributions will be processed as secure ACH remittances directly into the account of your choice at your financial institution.**

**7. WITHHOLDING INSTRUCTIONS:** Minimum Withholding is 10% and will be withheld if no election is made below.

☐ Do not withhold taxes. I understand I am responsible for the payment of estimated taxes and that I may incur penalties if my payments are not enough.

☐ I want to have \_\_\_\_\_% Federal Income Tax withheld from the taxable amount of the distribution.

☐ I want to have \_\_\_\_\_% State Income Tax withheld from the taxable amount of the distribution. (If applicable)

Taxpayer Identification Number: \_\_\_\_\_ ☐ SSN ☐ TIN ☐ EIN

**IRS** regulations state that if your taxpayer identification number (social security or employer identification number) is not furnished, we will be required to withhold at the current applicable withholding rate. Under penalty of perjury, I certify that:

1.) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

2.) I am not subject to backup withholding because:

(a) I am exempt from backup withholding.

(b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest/dividends.

(c) The IRS has notified me that I am no longer subject to backup withholding.

3.) I am a U.S. person (including a U.S. resident alien).

**NOTE: You may be subject to penalties under the estimated tax payment rules if enough tax has not been paid through either your estimated tax payment or withholding.**



## 8. SIGNATURES:

The policyowner must sign this form. For ownership changes, the present policyowner and new policyowner must sign this form. When a change of ownership or beneficiary is occurring in a community property state, the spouse must also sign this form. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, and the United States of America. Administrative Office of American National Insurance Company

※ご印刷の上、必ず直筆でご署名ください  
タッチパネルでのサイン(電子署名)やタイプ入力のサインは受理されません

Current Owner Signature - Required

Date of Signature

ご契約者様の英語(ローマ字・筆記体等)表記・直筆のご署名      ご署名日    MM/DD/YYYY

Joint Owner Signature - if applicable

Date of Signature

ご夫婦共同名義 = Joint Accountの場合は、  
Joint Ownerのご署名も必須です

Spousal Signature - if applicable

Date of Signature

New Owner Signature - if applicable

Date of Signature

New Joint Owner Signature - if applicable

Date of Signature

Witness Signature

Date of Signature

**FOR HOME OFFICE USE ONLY**  
**AMERICAN NATIONAL INSURANCE COMPANY HAS RECORDED THE CHANGE REQUESTED**  
DATED ON \_\_\_\_\_ BY \_\_\_\_\_  
EFFECTIVE DATE                      REGISTRAR