

<i>SERFF Tracking Number:</i>	<i>FRCS-125912890</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Insurance Company</i>	<i>State Tracking Number:</i>	<i>40935</i>
<i>Company Tracking Number:</i>	<i>5039</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Wealthquest (WQVUL08)</i>		
<i>Project Name/Number:</i>	<i>Anico/61/61</i>		

## Filing at a Glance

Company: American National Insurance Company

Product Name: Wealthquest (WQVUL08)

SERFF Tr Num: FRCS-125912890 State: ArkansasLH

TOI: L06I Individual Life - Variable

SERFF Status: Closed

State Tr Num: 40935

Sub-TOI: L06I.002 Single Life - Flexible Premium

Co Tr Num: 5039

State Status: Approved-Closed

Filing Type: Form

Co Status: None

Reviewer(s): Linda Bird

Authors: Jana Ellmaker, Aaron Clark

Disposition Date: 12/09/2008

Date Submitted: 11/21/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Anico/61

Status of Filing in Domicile: Not Filed

Project Number: 61

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not being filed in the domicile state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/09/2008

State Status Changed: 12/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Our fee of \$100.00 has been sent by EFT on this same date. This fee is based on the domicile state.

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

These are new forms and are not intended to replace any previously approved forms.

*SERFF Tracking Number:* FRCS-125912890      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:* 40935  
*Company Tracking Number:* 5039  
*TOI:* L061 Individual Life - Variable      *Sub-TOI:* L061.002 Single Life - Flexible Premium  
*Product Name:* Wealthquest (WQVUL08)  
*Project Name/Number:* Anico/61/61

Form WQVUL08(10) 11-08 is an individual flexible premium variable adjustable life insurance policy which provides a death benefit payable upon the death of the Insured. The Owner may select a planned periodic premium and a specified amount of insurance subject to the minimum/maximum limits. The product offers either a 10 or 25 year no lapse period. Its issue age range is 0 to 85 with a minimum face amount of \$100,000 and no maximum.

This product uses the 2001 CSO mortality tables where applicable. The Company certifies that reserves are calculated on a sex distinct basis.

This product also offers an Overloan Protection Benefit which is described within the policy form. There is no charge for this benefit unless exercised and is available on all policies issued under this plan.

Rider Form WQLT08 provides level term insurance on the policy's insured or a person other than the policy's insured until the rider expiry date. This rider does not develop cash values. Issues ages for the rider are 0-65.

The forms listed in the chart below may be used with these policies.

Form # /Description/ Approval Date  
Form WQAIB/ Automatic Increase Benefit Rider/ 06/18/2001  
Form WQVULDW/ Disability Waiver of Premium Rider/ 06/18/2001  
Form 9012/ Application/ 06/20/2001  
Form 9013/ Application/ 06/20/2001  
Form 9261/ Application/ 01/06/2002  
Form 9014/ Supplemental Application/ 06/18/2001

These forms are subject to federal jurisdiction and accordingly, the Flesch requirements do not apply.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

SERFF Tracking Number: FRCS-125912890 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 40935  
 Company Tracking Number: 5039  
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium  
 Product Name: Wealthquest (WQVUL08)  
 Project Name/Number: Anico/61/61

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - FC01)

Jana Ellmaker, Senior Compliance Specialist jana.ellmaker@firstconsulting.com  
 1020 Central (800) 927-2730 [Phone]  
 Kansas City, MO 64105 (816) 391-2755[FAX]

### Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas  
 One Moody Plaza Group Code: 408 Company Type:  
 Galveston, TX 77550 Group Name: America National State ID Number:  
 Group  
 (409) 763-4661 ext. [Phone] FEIN Number: 74-0484030  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: TX is the domicile state, therefore the filing fee will be \$100.00 per contract filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	11/21/2008	24091748

SERFF Tracking Number: FRCS-125912890 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 40935  
 Company Tracking Number: 5039  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: Wealthquest (WQVUL08)  
 Project Name/Number: Anico/61/61

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/09/2008	12/09/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	12/01/2008	12/01/2008	Angie Chapman	12/05/2008	12/09/2008
Industry Response						

*SERFF Tracking Number:*      *FRCS-125912890*                      *State:*                      *Arkansas*  
*Filing Company:*              *American National Insurance Company*              *State Tracking Number:*      *40935*  
*Company Tracking Number:*      *5039*  
*TOI:*                      *L061 Individual Life - Variable*                      *Sub-TOI:*                      *L061.002 Single Life - Flexible Premium*  
*Product Name:*              *Wealthquest (WQVUL08)*  
*Project Name/Number:*      *Anico/61/61*

## **Disposition**

Disposition Date: 12/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FRCS-125912890* State: *Arkansas*  
 Filing Company: *American National Insurance Company* State Tracking Number: *40935*  
 Company Tracking Number: *5039*  
 TOI: *L061 Individual Life - Variable* Sub-TOI: *L061.002 Single Life - Flexible Premium*  
 Product Name: *Wealthquest (WQVUL08)*  
 Project Name/Number: *Anico/61/61*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	Complaint notice		Yes
<b>Supporting Document</b>	Regulation 34 certification of compliance		Yes
<b>Supporting Document</b>	Third party authorization		Yes
<b>Supporting Document</b>	Regulation 33-Certificate of Compliance		Yes
<b>Form</b>	Individual Flexible Premium Variable Adjustable Life Insurance Policy		Yes
<b>Form</b>	Individual Level Term Insurance Rider		Yes

SERFF Tracking Number: FRCS-125912890 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 40935  
Company Tracking Number: 5039  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: Wealthquest (WQVUL08)  
Project Name/Number: Anico/61/61

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/01/2008

Submitted Date 12/01/2008

Respond By Date

Dear Jana Ellmaker,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/05/2008

Submitted Date 12/09/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: In response to your objection of 12/01/08 attached is a certification that Regulation 33 has been reviewed and that the Company is in compliance.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

### Related Objection 1

Applies To:

SERFF Tracking Number: FRCS-125912890 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 40935  
Company Tracking Number: 5039  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: Wealthquest (WQVUL08)  
Project Name/Number: Anico/61/61

- Certification/Notice (Supporting Document)

Comment:

Filings of variable contracts must be accompanied by a certification that Regulation 33, in particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Regulation 33-Certificate of Compliance

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Aaron Clark, Jana Ellmaker

SERFF Tracking Number: FRCS-125912890 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 40935  
 Company Tracking Number: 5039  
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
 Product Name: Wealthquest (WQVUL08)  
 Project Name/Number: Anico/61/61

## Form Schedule

**Lead Form Number:** Form WQVUL08(10) 11-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form WQVUL08(10) 11-08	Policy/Contract	Individual Flexible Premium Variable Adjustable Life Certificate Insurance Policy	Initial			Form WQVUL08_10_11-08.pdf
	Form WQLT08	Certificate	Individual Level Term Insurance Rider	Initial			Form WQLT08 dist.pdf
			t, Insert Page, Endorsement or Rider				



**AMERICAN NATIONAL INSURANCE COMPANY**  
A STOCK LIFE INSURANCE COMPANY

Insured	Specified Amount
Policy Number	Date of Issue

Home Office: One Moody Plaza  
Galveston, Texas 77550  
Telephone Number: (409) 763-4661

This number is available for policyholders to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.

**AMERICAN NATIONAL INSURANCE COMPANY** ("We", "Us", "Our") will pay the Death Benefit to the Beneficiary subject to the provisions of the Policy. The Death Benefit is payable upon receipt at Our Home Office in Galveston, Texas, of Satisfactory Proof of the Insured's Death. The Policy is issued in consideration of the Application and payment of the premiums shown on the Data Page. This Policy is a legal contract between the Owner and American National Insurance Company. **READ YOUR POLICY CAREFULLY.**

**RIGHT TO CANCEL POLICY.** You may cancel the Policy by returning it to Us or our Agent within ten (10) days after You receive the Policy. We will refund the premiums paid adjusted by investment gains during the fifteen (15) day period after such premiums have been allocated to the money market subaccount and by investment gains and losses thereafter. If this is a replacement Policy, you have thirty (30) days to cancel.

**THE ACCUMULATION VALUE IN THE AMERICAN NATIONAL VARIABLE LIFE SEPARATE ACCOUNT IS BASED ON THE INVESTMENT EXPERIENCE OF THE SUBACCOUNTS IN THE SEPARATE ACCOUNT THAT YOU CHOOSE AND MAY INCREASE OR DECREASE DAILY. THE ACCUMULATION VALUE IS NOT GUARANTEED.**

**THE AMOUNT OF THE DEATH BENEFIT OR THE DURATION OF THE DEATH BENEFIT, OR BOTH, MAY VARY UNDER THE PROVISIONS OF THE POLICY.**

THIS POLICY MAY NOT QUALIFY AS LIFE INSURANCE UNDER FEDERAL TAX LAW AFTER THE INSURED REACHES AGE 120 AND MAY BE SUBJECT TO ADVERSE TAX CONSEQUENCES. YOU SHOULD CONSULT A TAX ADVISOR BEFORE CHOOSING TO CONTINUE THE POLICY PAST AGE 120.

Signed for the Company at Galveston, Texas on the Date of Issue.

**SECRETARY**

**PRESIDENT**

**FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE**  
**INVESTMENT EXPERIENCE REFLECTED IN SOME VALUES AND BENEFITS.**  
**NONPARTICIPATING. NO DIVIDENDS.**

## GUIDE TO POLICY PROVISIONS

	<b>PAGE</b>
DATA PAGE	
DEFINITION OF TERMS.....	3
NONPARTICIPATING POLICY.....	4
DEATH BENEFIT.....	4
POLICY CHANGE OPTIONS.....	5
PREMIUMS.....	6
POLICY ACCOUNTS.....	8
ACCUMULATION VALUE.....	9
SURRENDER OPTION.....	11
OVERLOAN PROTECTION BENEFIT.....	12
OWNERSHIP.....	13
BENEFICIARY INFORMATION.....	13
GENERAL PROVISIONS.....	13
SETTLEMENT OPTIONS.....	14

Additional benefits, riders, if any, and a copy of the Application follow the Policy Data Page.



**DATA PAGE CONTINUED FOR POLICY NUMBER [UV123456]**

**INSURED [JOHN ANICO]**

**[35]**

**[MALE]**

---

**PREMIUMS AND RIDERS**

<b>FORM NUMBER</b>	<b>BENEFIT DESCRIPTION</b>	<b>MINIMUM ANNUAL GUARANTEED COVERAGE PREMIUM</b>
<b>Form WQVUL08(10) 11-08</b>	<b>VARIABLE UNIVERSAL LIFE INSURANCE</b>	<b>[\$529.00]</b>
[Form WQLT08	LEVEL TERM RIDER	\$104.00]
[Form WQVULDW	DISABILITY WAIVER OF PREMIUM RIDER	\$45.23]
[Form WQAIB	AUTOMATIC INCREASE BENEFIT RIDER	\$23.26]
<b>TOTAL FIRST YEAR ANNUAL GUARANTEED COVERAGE PREMIUM</b>		<b>[\$701.59]</b>
<b>INITIAL PREMIUM</b>		<b>[\$840.00]</b>
<b>PLANNED PERIODIC PREMIUM</b>		<b>[\$840.00 ANNUALLY]</b>

Note: It is possible that coverage will expire if subsequent premiums are not paid following the payment of the initial premium or if the surrender value is insufficient to continue coverage to such date.

---

**POLICY PARAMETERS**

**CHARGES AND DEDUCTIONS**

	<b>CURRENT</b>	<b>GUARANTEED</b>
<b>PERCENTAGE PREMIUM CHARGE</b>	[6% FOR 10 YEARS, 4% THEREAFTER]	6% ALL YEARS
<b>MONTHLY DEDUCTION</b>		
<b>A COST OF INSURANCE CHARGE</b>		
<b>A CHARGE FOR ANY RIDERS</b>		
<b>A MONTHLY EXPENSE FEE</b>	[\$7.50]	\$7.50
<b>A MONTHLY POLICY CHARGE FEE</b>	[\$7.33 FOR 15 YEARS]	[\$7.33 ALL YEARS]
<b>DAILY ASSET CHARGE</b>	[0.001918% FOR 15 YEARS]	0.001918% ALL YEARS

Note: Daily Asset Charge applies to the average daily accumulation value of each subaccount, but not the fixed account

**POLICY PARAMETERS CONTINUED**

**LOANS**

**LOAN INTEREST RATE** 4.00%  
 3.00% ON PREFERRED LOANS

**MAXIMUM LOAN AMOUNT**  
**FIRST 3 POLICY YEARS** 75% OF SURRENDER VALUE  
**THEREAFTER** 90% OF SURRENDER VALUE

**OVERLOAN PROTECTION BENEFIT RATE** [4.50%]

**BASIS OF NONFORFEITURE VALUES AND RESERVES**

**NONFORFEITURE INTEREST RATE** 4.00%

**RESERVE INTEREST RATE** 4.00%

**MORTALITY TABLE** RESERVES ARE CALCULATED USING THE 2001  
 CSO ALB ULTIMATE MORTALITY TABLE FOR  
 INSURED'S GENDER AND TOBACCO USE CLASS  
 ALL CALCULATIONS ASSUME CONTINUOUS  
 FUNCTIONS BASED ON AGE LAST BIRTHDAY.

**SCHEDULE OF SURRENDER CHARGES**

<b>POLICY YEAR</b>	<b>SURRENDER CHARGE</b>	<b>POLICY YEAR</b>	<b>SURRENDER CHARGE</b>
1	[2244.00	9	2046.00
2	2222.00	10	2019.00
3	2199.00	11	1658.00
4	2176.00	12	1307.00
5	2151.00	13	965.00
6	2127.00	14	633.00
7	2101.00	15	311.00
8	2074.00	OTHER YEARS	0]

THE SURRENDER CHARGES SHOWN WILL ONLY APPLY TO THE POLICY AS ISSUED. AT THE TIME OF AN INCREASE, THE INCREASE WILL HAVE ITS OWN SURRENDER CHARGES WHICH WILL BE DIFFERENT THAN THE SURRENDER CHARGES SHOWN BUT WHICH WILL APPLY FOR 15 YEARS FROM THE EFFECTIVE DATE OF THE INCREASE.

**COST OF INSURANCE RATES**

**MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE RATES PER \$1,000  
BASED ON VALUES FROM THE 2001 CSO ALB MORTALITY TABLE FOR MALE  
OR FEMALE AND FOR SMOKERS OR NONSMOKERS AS APPROPRIATE**

ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM	ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM	ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM
35	[ 0.05880	0.09339	58	0.53027	0.64940	81	5.52157	6.95716
36	0.06142	0.09756	59	0.58861	0.71246	82	6.11572	7.74449
37	0.06510	0.10340	60	0.65155	0.78903	83	6.76450	8.61347
38	0.06982	0.11091	61	0.72832	0.88254	84	7.48591	9.59129
39	0.07402	0.11759	62	0.82740	0.99136	85	8.28824	10.69345
40	0.07980	0.12677	63	0.92610	1.11047	86	9.17081	11.92416
41	0.08662	0.13762	64	1.02900	1.23485	87	10.12462	13.27646
42	0.09502	0.15098	65	1.13610	1.36453	88	11.13860	14.74027
43	0.10500	0.16685	66	1.24460	1.49611	89	11.61432	16.30607
44	0.11602	0.18439	67	1.35800	1.63389	90	12.62288	17.89757
45	0.12810	0.20360	68	1.47770	1.77958	91	13.44330	19.49638
46	0.14017	0.22282	69	1.61210	1.94350	92	14.47030	21.20724
47	0.15015	0.23870	70	1.76890	2.13517	93	15.55320	23.05252
48	0.16053	0.25124	71	1.95930	2.36857	94	16.69395	25.04434
49	0.17333	0.26713	72	2.18190	2.64233	95	17.82365	27.06773
50	0.19263	0.28804	73	2.41640	2.93178	96	18.92670	29.09469
51	0.21677	0.31481	74	2.66840	3.24405	97	20.10190	31.31290
52	0.24613	0.34745	75	2.94280	3.58552	98	21.08132	33.74873
53	0.28044	0.38513	76	3.32963	3.97236	99	22.98308	36.43252
54	0.32375	0.43288	77	3.69800	4.42467	100+	0.00000	0.00000]
55	0.37830	0.48654	78	4.12585	4.95336			
56	0.42660	0.54190	79	4.44465	5.55015			
57	0.48060	0.59563	80	4.96063	6.22109			

\* Attained Age is the Insured's Issue Age plus the number of Policy Years completed.

**DATA PAGE CONTINUED FOR POLICY NUMBER [UV123456]**

INSURED: [JOHN ANICO]

[35]

[MALE]

**[LEVEL TERM RIDER  
Form WQLT08**

**RIDER INSURED NAME** [JOHN ANICO]      **RIDER INSURED ISSUE AGE** [35]

**RIDER INSURED SEX** [MALE]

**RIDER INSURED CLASS** [STANDARD NICOTINE NON-USER]

**TERM RIDER INSURED BENEFICIARY** [AS STATED IN THE COPY OF THE  
ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED IN  
COMPLIANCE WITH POLICY PROVISIONS]

**RIDER DEATH BENEFIT** [\$100,000]

TERM RIDER ISSUE DATE [AUGUST 20, 2008]

TERM RIDER EXPIRY DATE [AUGUST 20, 2048]

TERM RIDER CONVERSION EXPIRY DATE [AUGUST 20, 2018]

**MONTHLY GUARANTEED MAXIMUM COST OF INSURANCE RATES PER \$1,000  
BASED ON VALUES FROM THE 2001 CSO ALB MORTALITY TABLE FOR MALE  
OR FEMALE AND FOR SMOKERS OR NONSMOKERS AS APPROPRIATE**

ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM	ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM	ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM
[35]	0.05880	0.09339	49	0.17333	0.26713	63	0.92610	1.11047
36	0.06142	0.09756	50	0.19263	0.28804	64	1.02900	1.23485
37	0.06510	0.10340	51	0.21677	0.31481	65	1.13610	1.36453
38	0.06982	0.11091	52	0.24613	0.34745	66	1.24460	1.49611
39	0.07402	0.11759	53	0.28044	0.38513	67	1.35800	1.63389
40	0.07980	0.12677	54	0.32375	0.43288	68	1.47770	1.77958
41	0.08662	0.13762	55	0.37830	0.48654	69	1.61210	1.94350
42	0.09502	0.15098	56	0.42660	0.54190	70	1.76890	2.13517
43	0.10500	0.16685	57	0.48060	0.59563	71	1.95930	2.36857
44	0.11602	0.18439	58	0.53027	0.64940	72	2.18190	2.64233
45	0.12810	0.20360	59	0.58861	0.71246	73	2.41640	2.93178
46	0.14017	0.22282	60	0.65155	0.78903	74	2.66840	3.24405]
47	0.15015	0.23870	61	0.72832	0.88254			
48	0.16053	0.25124	62	0.82740	0.99136			

\*Attained Age is the Rider Insured's Issue Age plus the number of Policy Years completed.]

**DATA PAGE CONTINUED FOR POLICY NUMBER [UV123456]**

INSURED: [JOHN ANICO]

[35]

[MALE]

---

**[DISABILITY WAIVER OF PREMIUM RIDER  
Form WQVULDW**

**DISABILITY WAIVER OF PREMIUM (MONTHLY)**

**[\$70.00]**

DISABILITY WAIVER ISSUE DATE

[JUNE 1, 2008]

DISABILITY WAIVER EXPIRY DATE

[JUNE 1, 2018]

**MONTHLY COST OF INSURANCE RATES PER \$100 FOR THE WAIVER OF  
PREMIUM BENEFIT**

ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM
[35	1.8480	1.8480
36	1.8480	1.8480
37	1.8480	1.8480
38	1.8480	1.8480
39	1.8480	1.8480
40	1.8480	1.8480
41	1.8480	1.8480
42	1.8480	1.8480
43	1.8480	1.8480
44	1.8480	1.8480]

\*Attained Age is the Rider Insured's Issue Age plus the number of Policy Years completed.]

**DATA PAGE CONTINUED FOR POLICY NUMBER [UV123456]**

INSURED: [JOHN ANICO]

[35]

[MALE]

---

**[AUTOMATIC INCREASE BENEFIT RIDER  
Form WQAIB**

**THE OPTION AMOUNT IS TWENTY PERCENT (20%) OF THE POLICY SPECIFIED AMOUNT**

RIDER ISSUE DATE  
RIDER EXPIRY DATE

[JUNE 1, 2008]  
[JUNE 1, 2018]

**MONTHLY COST OF INSURANCE FOR THE AUTOMATIC INCREASE BENEFIT**

ATTAINED AGE*	CURRENT SCHEDULE	GUARANTEED MAXIMUM
[35	.00667	.00667
36	.00667	.00667
37	.00667	.00667
38	.00667	.00667
39	.00667	.00667
40	.00667	.00667
41	.00667	.00667
42	.00667	.00667
43	.00667	.00667
44	.00667	.00667]

\*Attained Age is the Rider Insured's Issue Age plus the number of Policy Years completed.]

## DEFINITION OF TERMS

**ACCUMULATION VALUE** – the total amount that the Policy provides for investment at any time. The value of the Policy as defined in the Accumulation Value provision.

**APPLICANT** – the person whose signature is shown as such in the Application.

**APPLICATION** – is the form so labeled for the Policy and any supplemental applications or applications for an increase in specified amount, addition of a rider, or reinstatement.

**ATTAINED AGE** – the age at issue as shown on the Data Page plus the number of complete Policy Years that the Policy has been in force.

**BENEFICIARY** – the Beneficiary designated in the Application. If changed, the Beneficiary is as shown in the latest change filed and recorded with Us. The Beneficiary is named to receive the Death Benefit in the event of the Insured's death.

**COST OF INSURANCE** – that portion of the Monthly Deduction required to pay for the Policy's insurance coverage, other than that provided by any riders.

**DATA PAGE** – the pages of the Policy so entitled.

**DATE OF ISSUE** – the Date of Issue set forth in the Policy and any riders thereto that is used to determine anniversary dates, Policy Years and Monthly Deduction Dates.

**DEATH BENEFIT** – the amount of insurance coverage provided under the selected Death Benefit option of the Policy.

**GUARANTEED COVERAGE PREMIUM** – the premium shown on the Data Page which, if paid in advance as required, will cause Us to keep the Policy in force so long as other Policy provisions are met, even if the Surrender Value is zero or less. The guaranteed coverage period is stated on the Data Page.

**HOME OFFICE** – means American National Insurance Company, One Moody Plaza, Galveston, Texas.

**INSURED** – the person named as such on the Data Page and upon whose life the Policy is issued.

**LAPSE** – this Policy will Lapse when the Surrender Value is not sufficient to provide for a Monthly Deduction, or Policy Debt exceeds Accumulation Value less any surrender charge, and a grace period expires without sufficient payment, except that the Policy will not lapse if the requirements of the guaranteed coverage benefit provision have been met. Coverage will terminate in accordance with the grace period provision of this Policy.

**MONTHLY DEDUCTION** – the sum of the Cost of Insurance charge, plus the applicable charge for any riders, the monthly policy charge and the monthly expense fee as specified on the Data Page.

**MONTHLY DEDUCTION DATE** – the same date in each succeeding month as the Date of Issue except that whenever the Monthly Deduction falls on a date other than a Valuation Date, the Monthly Deduction Date will be deemed the next Valuation Date. This is the date the Monthly Deduction is taken from the Accumulation Value. The Date of Issue is the first Monthly Deduction Date.

**OWNER** – the Owner of the Policy, as designated in the Application or as subsequently changed. If a Policy has been absolutely assigned, the assignee is the Owner. A collateral assignee is not the Owner.

**PAYEE** – the person to whom any of the proceeds of the Policy and any riders is payable.

**PLANNED PERIODIC PREMIUM** – a scheduled premium of a level amount at a fixed interval as selected by You. You are not required to follow this schedule and following this schedule does not necessarily ensure the Policy will remain in force unless the requirements of the guaranteed coverage benefit provisions are met.

**POLICY** – this life insurance contract.

**POLICY DEBT** – the sum of all unpaid loans and accrued interest thereon.

**POLICY YEAR** – the period from one anniversary date until the next anniversary date.

**PREMIUM PAYER** – the person responsible for the payment of premiums.

**SATISFACTORY PROOF OF INSURED'S DEATH** – means all of the following must be submitted:

- (1) a certified copy of the death certificate or other lawful evidence providing equivalent information;
- (2) a claimant statement;
- (3) the Policy; and
- (4) any other information We may reasonably require to establish the validity of the claim.

**SPECIFIED AMOUNT** – the amount shown on the Data Page and upon which the Death Benefit depends.

**YOU, YOUR** – means the Owner of the Policy.

**WE, US, OUR** – means American National Insurance Company.

**WRITTEN REQUEST** – means a request in writing in a form satisfactory to Us and filed at Our Home Office.

### **NONPARTICIPATING POLICY**

The Policy is nonparticipating and does not share in Our profits or surplus.

### **DEATH BENEFIT**

**DEATH BENEFIT** – The Death Benefit of the Policy is the amount provided by the Death Benefit option in effect when the Insured dies. The Policy must be in full force on the date of death; otherwise, there is no Death Benefit. If no settlement option is elected and the Death Benefit is not paid within 30 days of receipt of due proof of death and/or other documentation in good order, interest at the rate of 8% will be paid on the Proceeds to the date of payment. Adjustment in the Death Benefit will be made as provided in the following paragraphs. The Death Benefit option elected in the Application is shown on the Data Page.

If the Death Benefit qualification test shown on the Data Page is guideline premium, the Death Benefit prior to the anniversary date following the insured's 100<sup>th</sup> birthday is as follows:

OPTION A is the greater of the following: (1) the Specified Amount on the date of death; or (2) the Accumulation Value at the end of the valuation period that includes the date of death multiplied by a corridor percentage from the table on page 5.

OPTION B is the greater of the following: (1) the Specified Amount on the date of death plus the Accumulation value at the end of the valuation period that includes the date of death; or (2) the Accumulation Value at the end of the valuation period that includes the date of death multiplied by a corridor percentage from the table on page 5.

If the Death Benefit qualification test shown on the Data Page is cash value accumulations test, the Death Benefit prior to the anniversary date following the insured's 100<sup>th</sup> birthday is as follows:

OPTION A is the greater of: (1) the Specified Amount on the date of death; or (2) the minimum Death Benefit, on the date of death, necessary to comply with IRC Section 7702(b).

OPTION B is the greater of (1) the Specified Amount on the date of death plus the Accumulation Value at the end of the valuation period that includes the date of death; or (2) the minimum Death Benefit, on the date of death, necessary to comply with IRC Section 7702(b).

The Death Benefit on or after the anniversary date following the insured's 100 birthday is 110% of the Accumulation Value.

**MONTHLY DEDUCTION DUE AT DEATH** – If the Insured should die during the grace period, from any Death Benefit We will deduct an amount to cover Monthly Deductions to the end of the month of death.

**POLICY DEBT ADJUSTMENT** – We will deduct any Policy Debt from any Death Benefit.

**MISSTATEMENT OF AGE AND SEX** – If the Insured’s age or sex has been stated incorrectly, the Death Benefit will be that which could have been purchased by the most recent Cost of Insurance charge at the correct age and sex.

**SUICIDE** – If the Insured should die by suicide, while sane or insane, within 2 years from the Date of Issue, the Death Benefit will be limited to the premiums paid less any partial surrenders and Policy Debt. If the Insured should die by suicide, while sane or insane, within 2 years from the effective date of any increase in Specified Amount, the Death Benefit for the increase will be limited to the Cost of Insurance associated with the increase.

**DEATH BENEFIT PROCEEDS** – The proceeds payable to the Beneficiary upon receipt by Us of Satisfactory Proof of Death of the Insured while the Policy is in force equal to:

- (1) the Death Benefit; plus
- (2) any additional life insurance proceeds provided by any riders; minus
- (3) any Policy Debt; minus
- (4) any unpaid Monthly Deduction that may apply during a grace period.

**PAYMENT OF DEATH BENEFIT** – The Death Benefit proceeds may be paid in one sum or under the settlement options of the Policy.

**TABLE OF CORRIDOR PERCENTAGES  
FOR THE GUIDELINE PREMIUM DEATH BENEFIT QUALIFICATION TEST**

<b>INSURED’S AGE BEGINNING OF POLICY YEAR</b>	<b>CORRIDOR %</b>	<b>INSURED’S AGE BEGINNING OF POLICY YEAR</b>	<b>CORRIDOR %</b>	<b>INSURED’S AGE BEGINNING OF POLICY YEAR</b>	<b>CORRIDOR %</b>
0 – 40	250	53	164	67	118
41	243	54	157	68	117
42	236	55	150	69	116
43	229	56	146	70	115
44	222	57	142	71	113
45	215	58	138	72	111
46	209	59	134	73	109
47	203	60	130	74	107
48	197	61	128	75-90	105
49	191	62	126	91	104
50	185	63	124	92	103
51	178	64	122	93	102
52	171	65	120	94	101
		66	119	95 and thereafter	101

**POLICY CHANGE OPTIONS**

You may make Written Request for any of the following changes in the Policy. The Policy must accompany the change request. The requested change will require Our consent. Once approved, We will provide an endorsement to the Policy showing the changes to the Policy as a result of the change.

**ELECTIVE INCREASE IN SPECIFIED AMOUNT** – You must submit a new Application to increase the Specified Amount. Except as provided in the automatic increase benefit rider, if any, We also require evidence satisfactory to Us that the Insured is insurable under Our current rules and practices.

The minimum amount of increase in Specified Amount is \$5,000. An increase in Specified Amount may not be made if the Insured’s Attained Age is over 85. The increase will become effective on the Monthly Deduction Date that coincides with or next follows the date We approve the increase. An endorsement will show the effective date for the increase.

If the increase is made during the Guaranteed Coverage Period a new Guaranteed Coverage Premium will be shown. An increase in Specified Amount does not start a new guaranteed coverage benefit period. You may cancel this increase by following the Right to Cancel provision as stated on the front of the Policy. Depending on the Accumulation Value at the time of the increase and the amount of the increase You request, We reserve the right to require an additional premium payment.

**DECREASE IN SPECIFIED AMOUNT** – A decrease in Specified Amount is allowed any time prior to age 99. A decrease in the Specified Amount will be effective on the Monthly Deduction Date that coincides with or next follows the date We receive Your written request. The minimum amount of decrease in Specified Amount is \$5,000. The Specified Amount remaining in force after a decrease may not be less than \$100,000.

If following the decrease in Specified Amount, the Policy would not comply with the maximum premium limitations required by federal tax law, the decrease may be limited or Accumulation Value may be returned to You at Your election, to the extent necessary to meet these requirements. A decrease in the Specified Amount will reduce the Specified Amount in the following order:

- (1) the Specified Amount provided by the most recent increase;
- (2) the next most recent increases successively; and
- (3) the initial Specified Amount.

If there is a decrease in the Specified Amount that reduces an elective increase, We will deduct a surrender charge from the Accumulation Value. Such deduction will be the sum of surrender charges computed separately for each reduction in Specified Amount as required in (1) – (3) above. The surrender charge for each reduction is a pro rata portion of any surrender charge applicable to a full surrender of the related increase or initial Specified Amount. This portion will be based on the percentage reduction in the related increase or initial Specified Amount. The surrender charges applicable to each increase or the initial Specified Amount remaining in force will be reduced on a pro rata basis. A decrease in Specified Amount will take effect on the Monthly Deduction Date that coincides with or next follows the date We receive the Written Request from You.

**CHANGE IN DEATH BENEFIT OPTION** – The Death Benefit option in effect may be changed at any time by sending a Written Request to Us. The effective date of such a change will be the Monthly Deduction Date on or following the date the Written Request is received by Us. If the Death Benefit option is changed from option A to option B, the Specified Amount after the change will equal the Specified Amount before the change minus the Accumulation Value on the effective date of the change. If the Death Benefit option is changed from option B to option A, the Specified Amount under option A after the change will equal the Death Benefit under option B on the effective date of change.

A change in Death Benefit option will not be allowed if the Specified Amount remaining in force after the change is less than \$100,000. A change in the Death Benefit option will not result in an immediate change in the Accumulation Value. An increase in Specified Amount due to a Death Benefit option change will result in certain increases in the Monthly Deduction and the Guaranteed Coverage Premium. A change in the Death Benefit option may affect surrender charges since these charges are assessed based on a rate per \$1,000 of Specified Amount.

## **PREMIUMS**

**PREMIUM PAYMENTS** – The initial premium shown on the Data Page is due on the Date of Issue, and must be paid in order to put the Policy in force. You may choose the amount and frequency of any additional premium payments, subject to the limits described below. All premiums are payable in advance. Subsequent payments must be made at Our Home Office. If You stop paying premiums, the Policy will continue in force subject to the grace period provision.

If the Death Benefit qualification test shown on the Data Page is guideline premium, and the total premiums paid on this Policy should exceed the limitations of the Internal Revenue Code, We will return the excess premiums to You within the time permitted by law, unless premium is necessary to keep the Policy in force. Premium payments which result in an increase in the net amount at risk under the Policy will require evidence of insurability.

**PLANNED PERIODIC PREMIUM** – Your Planned Periodic Premium and the payment interval You have selected are shown on the Data Page. You may change the amount and frequency, but We have the right to limit the amount of the Planned Periodic Premium.

The Planned Periodic Premium schedule must equal or exceed the Guaranteed Coverage Premium. Premium payments will not be accepted after the anniversary date following the Insured's 100<sup>th</sup> birthday.

**UNSCHEDULED PREMIUMS** – You may make unscheduled premium payments at any time while the Policy is in force, but We have the right to limit the amount of any unscheduled premium payments.

**GUARANTEED COVERAGE BENEFIT** – The Policy can not terminate for the period as stated on the Data Page after the Date of Issue if on each Monthly Deduction Date within that period the sum of premiums paid within that period equals or exceeds:

- (1) the sum of the Guaranteed Coverage Premium for each month from start of the period, including the current month, plus;
- (2) any partial surrenders and any increase in Policy Debt amount since the start of the period.

The Guaranteed Coverage Premium payment must be paid to keep the Policy in force, even if the Surrender Value is zero or less. The Guaranteed Coverage Premium will be increased if a rider is added or increased during the period. If the Specified Amount is increased during the period, a new Guaranteed Coverage Premium will be calculated. Increases in Specified Amount or rider changes made after the guaranteed coverage benefit has terminated will not have a Guaranteed Coverage Premium.

**ALLOCATION OF PREMIUMS** – Premium payments will be allocated among the subaccounts and fixed account as shown on the Data Page. You may change the allocation for premium payments by sending Us a Written Request to do so. We will initially allocate any premium received on or before the Date of Issue or within fifteen days after the Date of Issue to a money market subaccount, as of the Date of Issue, for fifteen days. Upon expiration of this period, if the Policy is not canceled, the Accumulation Value in the money market subaccount will be automatically transferred to the other subaccounts in accordance with Your premium allocation percentages for the subaccounts or the fixed account as the case may be.

**GRACE PERIOD** – A 61 day grace period is granted for the payment of a premium sufficient to cover the Monthly Deduction if on any monthly deduction date the Surrender Value is insufficient to pay the monthly deductions or Policy Debt exceeds the Accumulation Value less any surrender charge. However, this provision will not occur be evoked if the Policy is being continued under the guaranteed coverage benefit provision. The grace period begins on the date the Surrender Value is insufficient to cover the Monthly Deduction or the date Policy Debt exceeds Accumulation Value less any surrender charge. At least 31 days prior to the expiry of the grace period We will mail notice that the policy has entered the grace period and of the required premium payment to You and to any assignee on record at Our Home Office. Failure to pay the required premium within the grace period will cause the Policy to terminate. If the Insured dies during the grace period, any overdue Monthly Deductions and Policy Debt will be deducted from the Death Benefit proceeds.

**TERMINATION OF COVERAGE** – The Policy coverage will terminate on the first to occur of:

- (1) the Insured's death;
- (2) expiration of the grace period; or
- (3) Written Request for surrender and submission of the Policy for the Surrender Value.

**REINSTATEMENT** – A policy may be reinstated any time within five years after the date coverage is terminated. A policy cannot be reinstated if it was surrendered. At the time of the reinstatement request, all these conditions must be met:

- (1) You must provide Us any facts We need to satisfy Us that the Insured and any person covered by rider are then insurable at the same risk classification as on the Date of Issue;
- (2) You must pay a minimum premium sufficient to pay the Monthly Deduction for three months after the date of reinstatement;
- (3) any Policy Debt must be restored or paid back with compound interest;
- (4) You must pay all of the Monthly Deductions that were not collected during the grace period; and
- (5) the surrender charge schedule will be restored as of the original Date of issue and for any increase in Specified Amount as of the date of increase.

The interest rate for reinstatement of Policy Debt will be 6% per year. If the Policy Debt with interest would exceed the Surrender Value of the reinstated Policy, the excess must be paid before reinstatement. If the policy is reinstated, the amount of any Accumulation Value that existed on the date that the policy entered into the grace period will be credited to the reinstated policy. If policy debt is restored, the Accumulation Value of the reinstated policy will include interest charged on the loan during the period of lapse and interest earned on the collateral amount for the same period of time.

## POLICY ACCOUNTS

**AMERICAN NATIONAL FIXED ACCOUNT** – You may elect to allocate all or part of premiums paid or transfer all or part of the Accumulation Value under the Policy to the fixed account. Such amounts allocated or transferred become part of general account, which consists of all assets owned by Us other than those in Our separate accounts. Subject to applicable law, We have sole discretion over the investment of the assets of the fixed account and You do not share in the investment experience of those assets. Instead, We guarantee that part of the Accumulation Value in the fixed account will accrue interest daily at an annual interest rate that We will declare periodically. The declared rate will not be less than 3% per year, compounded daily.

**AMERICAN NATIONAL VARIABLE LIFE SEPARATE ACCOUNT** – The variable benefits under this Policy are provided through investments in the American National Variable Life Separate Account. We established the American National Variable Life Separate Account as a separate investment account to support variable universal life insurance contracts.

We own the assets of the American National Variable Life Separate Account. Assets equal to the reserves and other liabilities of the American National Variable Life Separate Account will not be charged with liabilities that arise from any other business We conduct. We may transfer to Our general account any assets that exceed the reserves and other liabilities of the American National Variable Life Separate Account. American National Variable Life Separate Account is registered with the Securities and Exchange Commission as a unit investment trust under the Investment Company Act of 1940. It is also subject to the laws of the State of Texas.

**SUBACCOUNTS** – The American National Variable Life Separate Account has multiple subaccounts. Each subaccount will invest exclusively in shares of a corresponding portfolio of an available mutual fund. Each subaccount represents a separate investment portfolio of a fund. Only the elected subaccounts of the American National Variable Life Separate Account as of the Date of Issue are shown on the Data Page.

You will share only in the income, gains and losses of the particular subaccounts to which premium payments have been allocated or Accumulation Value has been transferred. We will value the assets of each subaccount of the American National Variable Life Separate Account at the end of each valuation period. A valuation period is the period commencing at the close of regular trading on the New York Stock Exchange on one valuation date and ending at the close of regular trading on the New York Stock Exchange on the next succeeding valuation date. A valuation date is each day on which the New York Stock Exchange is open for trading.

**TRANSFERS** – At any time that this Policy is in effect, You may transfer all or a portion of the amounts from one subaccount to another subaccount, or to the fixed account. The minimum amount that may be transferred is \$250 or the balance in the Subaccount, if less. You may make 12 transfers each Policy Year without charge. The charge for each additional transfer during the Policy Year is \$10.

Transfers from the fixed account to the subaccounts are permitted only once each Policy Year and only during the thirty day period beginning on the anniversary date. This transfer is without charge. The maximum amount that may be transferred out of the fixed account each year is the greater of: (a) 25% of the amount in the fixed account, or (b) \$1,000. Such transfer requests received prior to the anniversary date will be affected at the end of the valuation period during which the anniversary date occurs. Transfer requests received within the thirty day period beginning on the anniversary date will be affected as of the end of the valuation period in which a proper transfer request is received by Us. We reserve the right not to honor a transfer request if the underlying portfolio will not honor it or if it would violate the frequent trading policy as required by the Securities and Exchange Commission.

**ADDITION, DELETION, OR SUBSTITUTION OF INVESTMENT** – We have the right, subject to applicable law, to add, delete, merge or substitute subaccounts. We reserve the right to redeem the shares of any portfolio of a fund and to substitute shares of another portfolio of the fund or of another open-end management investment company if the shares of a portfolio are no longer available for investment or if, in Our judgment, further investment in the portfolio should become inappropriate in view of the purposes of the American National Variable Life Separate Account.

We will not substitute any shares attributable to Your interest in a subaccount of the American National Variable Life Separate Account without notice to You and prior approval of the Securities and Exchange Commission, to the extent required by the Investment Company Act of 1940. We have the right to establish additional subaccounts of the American National Variable Life Separate Account, each of which would invest only in a new and corresponding portfolio of a fund or in a portfolio of another open-end management investment company. We also have the right to eliminate existing subaccounts of the American National Variable Life Separate Account. In the event any substitution or change, We may, by appropriate endorsement, make such changes in the Policy as may be necessary or appropriate. The investment policy of a portfolio in which a subaccount that is available under this Policy will not be materially changed by us unless approved by the Texas Insurance Commissioner or deemed approved in accordance with applicable law or regulation. The process for getting such approval is on file with the insurance supervisory official of the jurisdiction in which this Policy is delivered.

We also have the right, where permitted by law:

- (1) to operate the American National Variable Life Separate Account as a management company under the Investment Company Act of 1940;
- (2) to de-register the American National Variable Life Separate Account under the Act if registration is no longer required; and to combine the American National Variable Life Separate Account with other separate accounts.

### **ACCUMULATION VALUE**

**ACCUMULATION VALUE** – The Accumulation Value is the sum of (1), (2), and (3) less the sum of (4) and (5) where:

- (1) the values attributed to the Policy in the subaccounts of the American National Variable Life Separate Account, which will reflect the investment performance of the chosen subaccounts; plus
- (2) the Accumulation Value held in the general account as security for loans and in the fixed account that includes interest paid; plus
- (3) any premium to be processed on that valuation date; less
- (4) any partial surrenders plus applicable charges, to be processed on that valuation date; less
- (5) any Monthly Deduction to be processed on that valuation date.

The entire investment risk of the American National Variable Life Separate Account is borne by You. We do not guarantee minimum Accumulation Value. On the Date of Issue or, if later, the date the first premium is received, the Accumulation Value is the premium less the Monthly Deduction for the first policy month. All values equal or exceed those required by law. Detailed explanations of methods of calculations are on file with appropriate regulatory authorities.

**SEPARATE ACCOUNT ACCUMULATION VALUE** – The Accumulation Value attributed to the Policy in the subaccounts of the American National Variable Life Separate Account will vary daily with the performance of the subaccounts in which You have an Accumulation Value, any premiums paid, transfers, partial surrenders, and charges assessed. There is no guaranteed minimum Surrender Value on the separate account Accumulation Values.

On each valuation date, the Accumulation Value in a subaccount is the aggregate of the values attributable to the Policy in each of the subaccounts on the valuation date, determined for each subaccount by multiplying the subaccount's unit value by the number of units allocated to the Policy. In computing the Accumulation Value, the number of subaccount units allocated to the Policy is determined after any transfers among subaccounts, or to the fixed account (and deduction of transfer charges), but before any other Policy transactions, such as receipt of premiums and partial surrenders, on the valuation date. Because the Accumulation Value is dependent upon a number of variables, including the investment performance of the chosen subaccounts, the frequency and amount of premium payments, transfers, partial surrenders, loans, and charges assessed in connection with the Policy, the Accumulation Value cannot be predetermined.

**THE UNIT VALUE** – The unit value of each subaccount reflects the investment performance of that subaccount. The unit value of each subaccount shall be calculated by multiplying the per share net asset value of the corresponding portfolio on the valuation date times the number of shares held by the subaccount, after the purchase or redemption of any shares on that date; minus the daily asset charge as stated on the Data Page; and dividing the result by the total number of units held in the subaccount on the valuation date, after any transfers among subaccounts, or the fixed account (and deduction of transfer charges), but before any other Policy transactions.

**DEFERMENT OF PAYMENTS AND EMERGENCY PROCEDURE** – We may suspend or delay all procedures which require valuation of a subaccount if the New York Stock Exchange is closed (except for holidays or weekends) or trading is restricted due to an existing emergency as defined by the Securities and Exchange Commission so that We cannot

value the subaccounts. Any provision of this Policy that specifies a valuation date will be superseded by this emergency procedure.

**FIXED ACCOUNT ACCUMULATION VALUE** – The fixed account Accumulation Value on any Monthly Deduction Date shall be the sum of (1), (2), (3), and (4), less the sum of (5) and (6), where:

- (1) is the fixed account Accumulation Value on the immediately preceding Monthly Deduction Date;
- (2) is one month of interest on (1);
- (3) is all premiums received and allocated into the fixed account and any value transferred to the fixed account prior to the current date but since the immediately preceding Monthly Deduction Date;
- (4) is interest accumulated on (3) from the date of receipt of the premium allocated to the fixed account or the date any value was transferred into the fixed account to the Monthly Deduction Date;
- (5) is the sum of any partial surrenders from the fixed account prior to the current date but since the immediately preceding Monthly Deduction Date, and applicable surrender charges plus accumulated interest on such surrenders and charges; and
- (6) is any value transferred out of the fixed account since the immediately preceding Monthly Deduction Date plus accumulated interest on such transfers.

The fixed account Accumulation Value on any date other than a Monthly Deduction Date, hereinafter referred to as the valuation date, shall be the sum of (1), (2), (3), and (4), less (5) and (6), where:

- (1) is the fixed account Accumulation Value on the Monthly Deduction Date immediately preceding the valuation date;
- (2) is interest on (1) accumulated to the valuation date;
- (3) is all premiums received and allocated to the fixed account and any value transferred into the fixed account prior to the current date but since the immediately preceding Monthly Deduction Date;
- (4) is interest on (3) from the date of receipt of the premiums allocated to the fixed account or the date any value was transferred into the fixed account to the valuation date;
- (5) is the sum of any partial surrenders from the fixed account, which occurred prior to the current date but since the Monthly Deduction Date immediately preceding the valuation date, and applicable surrender charges plus accumulated interest on such surrenders and charges; and
- (6) is any value transferred out of the fixed account since the immediately preceding Monthly Deduction Date plus accumulated interest on such transfers.

The guaranteed interest rate applied in the calculation of the fixed account Accumulation Value and Accumulation Value held in the general account as security for loans is 3% per year, compounded daily. Fixed account Accumulation Values may earn interest at a higher rate. Any change to the interest rate will be made by class and future expectations for investment earnings, mortality, persistency, expenses, and taxes, as applicable.

**NET AMOUNT AT RISK.** Net Amount at Risk is the proceeds payable at death at the beginning of the Policy month minus the Accumulation Value on the Monthly Deduction Date minus the Monthly Deduction, as defined below.

**MONTHLY DEDUCTION** – The Monthly Deduction is the sum of the Cost of Insurance for the Policy plus the cost of any riders plus the monthly policy charge plus the monthly expense fee. The Monthly Deduction on or after the anniversary date following the insured's 100<sup>th</sup> birthday is zero.

We will allocate the Monthly Deduction among the subaccounts and the fixed account in the same proportion as the Accumulation Value in each subaccount and the fixed account bears to the total on that date.

**COST OF INSURANCE** – The monthly Cost of Insurance is equal to the net amount of risk multiplied by the Cost of Insurance rate. The net amount of risk equals the Death Benefit less the Accumulation Value at the beginning of the month. The Cost of Insurance is based on the Insured's Sex, Attained Age, risk class and Specified Amount. Any change in the Cost of Insurance rates will be made on a uniform basis for Insureds of the same sex, age, risk class and Specified Amount. The monthly guaranteed maximum rates and current rates as of the Date of Issue for the initial Specified Amount of this Policy are shown on the Data Page. If a different risk class applies to different amounts of the net amount of risk, the Cost of Insurance will be determined separately for each.

**CONTINUATION OF INSURANCE** – Insurance coverage under this Policy and any benefits provided by rider will be continued until the Surrender Value will not cover the Monthly Deduction or Policy Debt exceeds Accumulation Value less any surrender charge as provided in the grace period provision, unless, the requirements of the guaranteed coverage benefit provision are met.

**SURRENDER VALUE** – The Surrender Value is the Accumulation Value on the date of surrender less any surrender charge and any Policy Debt.

**SURRENDER CHARGE** – The surrender charge is a charge against the Accumulation Value. Surrender charges are calculated separately for the initial Specified Amount and for each elective increase in the Specified Amount. The surrender charge is applicable for the first fifteen Policy Years after the Date of Issue and fifteen years after the effective date of each elective increase. Thereafter, there is no surrender charge. The surrender charge is assessed based on a rate per \$1,000 of initial or increase in Specified Amount. The surrender charge for the initial Specified Amount is shown on the Data Page.

A surrender charge may be assessed upon decreases in Specified Amount, including Death Benefit option changes that result in a decrease in Specified Amount. The surrender charge will not exceed the maximum amount permitted under applicable law.

### **SURRENDER OPTION**

**FULL SURRENDER** – If the Policy is being fully surrendered, the actual Policy must be returned to Us along with a Written Request. The Policy will cease to be in force when We receive it with Your Written Request for full surrender. The amount available for surrender is the Surrender Value at the end of the valuation period during which the surrender request is received at Our Home Office.

In most cases We will pay the Surrender Value to You within seven days after We receive Your Written Request. We reserve the right to defer the payment of any Surrender Value for up to six months that does not depend on the investment performance of the separate account.

**PARTIAL SURRENDER** – You may make Written Request for partial surrender of any amount less than the Surrender Value minus an amount sufficient to cover Monthly Deductions for 3 months. The minimum amount of any partial surrender is \$100. The Accumulation Value will be reduced by the sum of the amount of partial surrender, a \$25 fee for each partial surrender, and if Death Benefit option A is in effect, a partial surrender charge.

This amount will be deducted from the Accumulation Value, and values in connection therewith determined, at the end of the valuation period during which the request is received. Unless You request otherwise, We will allocate partial surrenders to the fixed account and subaccount in proportion to the Accumulation Value in the fixed account and in each subaccount prior to the partial surrender.

A partial surrender will reduce the Death Benefit by the amount of the Accumulation Value reduction. The reduction will first reduce any past increases and the initial Specified Amount in the reverse order in which they occurred. If the Specified Amount remaining in force after the reduction would be less than the minimum shown in the decrease in Specified Amount provision, found on page 6, the partial surrender will not be permitted. If Death Benefit option A is in effect, the Specified Amount will be reduced and a partial surrender charge assessed consistent with the method for a decrease in Specified Amount.

In most cases We will pay the Surrender Value to You within seven days after We receive Your Written Request. We reserve the right to defer the payment of any Surrender Value for up to six months that does not depend on the investment performance of the separate account.

**LOAN** – You may request a loan at any time while Your Policy is in force. The maximum amount You may borrow is the maximum loan amount set forth on the Data Page. Preferred loans are available on the Surrender Value in excess of premiums paid. Determination of whether a loan is preferred occurs each time the amount of Policy Debt changes.

The minimum amount You may borrow is \$100 if that amount is available for loan. The Policy is the sole security for the loan. Loan interest is due on each anniversary date or when the loan is paid back if that occurs first. In most cases, We will pay the loan amount to You within seven days after We receive Your request for the loan in Our Home Office. We reserve the right to defer the payment of any loan for up to six months that does not depend on the investment performance of the separate account.

When a loan is made, Accumulation Value in each subaccount and the fixed account equal to the portion allocated to the subaccount and the fixed account will be transferred into the general account. Unless You request otherwise, the Accumulation Value transferred out will be deducted from the fixed account and subaccounts in proportion to the Accumulation Value in the fixed account and in each subaccount prior the loan. The value held in the general account to secure loans will earn interest at an annual rate of 3.0% credited on the policy anniversary date.

The interest will be allocated to the subaccounts and the fixed account in the same proportion that premiums are being allocated to those subaccounts and fixed account at that time. When a Policy Debt repayment is made, Accumulation Value in the general account equal to the loan repayment will be transferred to the fixed account and subaccounts. Such transfer will be allocated among subaccounts and the fixed account using the same percentages used to allocate premiums at the time of repayment. Each repayment may not be less than \$10 or the full amount of the Policy Debt, if less. Loan repayments must be so designated, or they will be applied as a premium payment.

Interest on loans is charged at an annual rate of 4%, 3% on preferred loans. Interest not paid when due is added to the amount of the loan and will bear interest at the same rate.

When interest is not paid when due, Accumulation Value will be transferred from the subaccounts and the fixed account to the general account to secure indebtedness. This deduction will be allocated among the subaccounts and the fixed account as described above for the funding of loans. Whenever the Policy Debt exceeds the Accumulation Value less any surrender charge, the grace period provision will apply.

**BASIS OF COMPUTATIONS** – Values and benefits described herein are based on the mortality table and nonforfeiture interest rate shown in the data pages. A basis of charges and the method of computation has been filed with the insurance department of the state in which this Policy is delivered. The Accumulation Value under this Policy is not less than the minimum values and benefits required by the state in which this Policy is delivered. We determine values within a Policy Year with adjustments for time elapsed.

### **OVERLOAN PROTECTION BENEFIT**

**OVERLOAN PROTECTION BENEFIT** - If this benefit is elected, Your policy will not lapse due to excessive loans. In order to receive this benefit, the conditions specified below must be satisfied and You must elect to receive the benefit by written request to Us.

**TAX CONSEQUENCES** - It is possible that when You elect this Benefit, the Policy Debt may be considered taxable by the Internal Revenue Service. You should consult Your attorney, accountant or other tax advisor before electing this benefit.

**OVERLOAN PROTECTION BENEFIT CHARGE** - There is a one-time charge equal to the Overloan Protection Benefit rate multiplied by the Accumulation Value on the date You make an election to invoke the benefit. This charge will be deducted from your Accumulation Value. There is no charge if the benefit is never elected.

The maximum Overloan Protection Benefit rate is shown on the Data Page. At Our option, We may charge less than the maximum rate shown. The charge may vary by the age of the Insured on the date of the election.

**SPECIFIED AMOUNT AFTER AN ELECTION** - If You elect to invoke the Overloan Protection Benefit, the new Specified Amount under the Policy will equal the Table of Accumulation Value Corridor Percentage at the Insured's attained age multiplied by:

- (1) the Accumulation Value on the date the benefit is elected, less
- (2) the benefit charge.

**NET DEATH BENEFIT AFTER AN ELECTION** – The Net Death Benefit under the Policy will equal the Death Benefit less any Policy Debt. If you elect to invoke the Overloan Protection Benefit, the Net Death Benefit under the Policy will never be less than the Net Death Benefit immediately after the Overloan Protection Benefit is invoked.

**CONDITIONS FOR ELECTION** - You may elect to receive the benefit only if:

- (1) the Insured is age 75 or older;
- (2) the Policy is in its 16th policy year or later;
- (3) the Policy Debt is less than 99.9% of the Accumulation Value after the Overloan Benefit Charge has been deducted from the Accumulation Value;
- (4) the Policy Debt must be greater than the Specified Amount; and
- (5) the Policy is not a modified endowment.

**CHANGES TO POLICY UPON ELECTION** - When the benefit is invoked, the following changes will apply to Your Policy:

- (1) Your Death Benefit will be Death Benefit Option A;
- (2) You may not change the Specified Amount or the Death Benefit Option;
- (3) You may not make additional premium payments, though You may make loan repayments;
- (4) You may not make/take partial withdrawals or request additional loans;
- (5) no Monthly Deductions will be made;
- (6) any attached riders with a separate charge will terminate
- (7) Policy Debt will remain outstanding but the Loan Interest Rate will be set equal to the Fixed Account crediting rate
- (8) All Accumulation Value will be transferred to the Fixed Account.

### **OWNERSHIP**

**OWNER** – While this Policy is in force You may exercise the rights of ownership. If You are a minor, first the Applicant, then the Beneficiary, if living and legally competent, may exercise all rights of owners. If You die while the Insured is living, ownership will pass to the contingent owner, if named. If there is no contingent owner, ownership passes to Your estate. All rights of the Owner, the contingent owner, the Applicant and the Beneficiary are subject to the rights of:

- (1) any assignee of record; and
- (2) any irrevocable Beneficiary.

### **BENEFICIARY INFORMATION**

**BENEFICIARY INTEREST** – Beneficiaries will be designated as first, second, third and so on. A Beneficiary or class of Beneficiaries will receive the death benefit in that order. All relationships are in reference to the Insured. Unless changed by endorsement or written request:

- (1) two or more class members will share the Death Benefit equally;
- (2) surviving class members will share equally the Death Benefit to which a deceased or disqualified class members would have been entitled; or
- (3) if no Beneficiary survives the Insured, or qualifies, the Death Benefit will be paid to the Insured's estate.

A Beneficiary will not share in the Death Benefit if:

- (1) the Beneficiary dies within 6 days after the Insured's death; and
- (2) We have not received proof of the Insured's death.

If the Beneficiary is not a natural person, the Beneficiary must still exist at the time of the Insured death. All Beneficiaries' interests are subject to any assignment on record at Our Home Office.

**CHANGE OF BENEFICIARY** – You may change a Beneficiary by a Written Request. The change will not take effect until it is recorded at Our Home Office. However, once such a change is recorded, the change will take effect as of the date the request was signed, whether or not the Insured is living on the date the change is recorded, subject to any payment made or other action taken by Us before such recording. The change is subject to:

- (1) the rights of an assignee of record; and
- (2) the rights of an irrevocable Beneficiary.

### **GENERAL PROVISIONS**

**CONTRACT AND REPRESENTATIONS** – The Policy, any endorsements, any riders, any Applications, if attached at the Date of Issue, or the effective date of any increase, form the entire contract. All statements in any Application, in the absence of fraud, will be deemed representation and not warranties. No statement will be used to void the Policy or in defense of a claim under it unless:

- (1) it is contained in a written Application; and
- (2) copy of the Application is attached to the Policy at the Date of Issue or at the time that an increase occurs.

**EFFECTIVE DATE** – The Policy takes effect on the Date of Issue shown on the Data Page upon:

- (1) payment of the initial premium, as shown on the Data Page; and
- (2) Policy delivery during the Insured's lifetime and good health.

Any Increase in Specified Amount, addition of a rider, or reinstatement of coverage will take effect on the Monthly Deduction Date that coincides with or next follows the date We approve an Application for such change or for reinstatement of this Policy. Policy Years, anniversaries, and months are measured from the Date of Issue.

**INCONTESTABILITY** – This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Date of Issue except for nonpayment of premium and except as to any provision or condition relating to disability benefits, additional benefits for accidental death or fraud. Any Increase in coverage, addition of a rider after the Date of Issue, or any reinstatement shall be incontestable, after it has been in force during the Insured's lifetime for 2 years after the effective date of such increase in coverage, addition of rider, or reinstatement, except as to any provision relating to disability benefits, additional benefits for accidental death, or fraud. The basis of contest by Us shall be the answers stated in the relevant Applications for such Policy event.

**MODIFICATIONS** – We reserve the right to modify provisions of this Policy to comply with applicable law. Any modification of this Policy must be in writing and signed by the president or vice president of Our Company. We do not authorize Our agents to modify, waive, or extend any conditions of this Policy.

**ANNUAL REPORT** – We will send You and any assignee of record a report at least once a year. Additional in force illustrations may be requested at any time for a charge of \$25 each. This report will show current information about the Policy.

**ASSIGNMENT** – – No assignment will bind Us until recorded at Our Home Office. We are not obligated to see that an assignment is valid or sufficient. Any claim by an assignee is subject to proof of the validity and extent of the assignee's interest in the Policy. Assignments, unless otherwise specified by You, shall take effect on the date You signed the assignment, subject to any payments made or actions taken by Us prior to the receipt of this notice.

### SETTLEMENT OPTIONS

**AVAILABILITY OF SETTLEMENT OPTIONS** – All or part of the Death Benefit proceeds may be applied to any of the following options. We will first discharge in a single sum any liability under an assignment of the Policy and any applicable premium related-taxes, fees, or assessments imposed by any federal, state, municipal or other government authority. The remaining amount is the net sum payable. Other options can be used if agreed to by Us. If You have not elected an option before the Insured's death, the Beneficiary may choose one. Any election or change must be by Written Request. Our consent is required for any of the following:

- (1) any payment to joint or successive Payees;
- (2) any payment to a corporation, association, partnership, trustee, or estate; or
- (3) any change in an option previously elected.

We do not have to apply to an option a net sum payable of less than \$2,000.00 for any Payee.

**SETTLEMENT OPTIONS** -The Settlement Options Tables, referred to in this provision, begin on the next page. The options are:

**OPTION 1.** Installments for a Fixed Period. Equal installments will be paid for a fixed number of years. The amount of the installments will be based on Table A. Installments will include interest at the effective rate of 1.5% per year. At Our option, additional interest may be paid.

**OPTION 2.** Installments for a Fixed Period and Life Thereafter. Equal monthly installments will be paid for as long as the Payee lives with installments certain for a fixed period. The fixed period is 10 years under Table B, 20 years under Table C, or for as long as the payee lives under Table D.

**OPTION 3.** Installments of a Fixed Amount. Equal annual, semi-annual, quarterly, or monthly installments will be paid. The sum of the installments paid in a year must be at least \$40.00 for each \$1,000.00 of the net sum payable.

Installments will be paid until the total of the following amounts is exhausted: (1) the net sum payable; plus (2) interest at the effective rate of 1.5% per year; plus (3) any additional interest that We may elect to pay.

The final installment shall be the balance of the net sum payable plus interest, and may be more or less than the other installments.

OPTION 4. Interest Payment. We will hold the net sum payable at interest. Interest will be paid at the effective rate of 1.5% per year. Additional interest may be paid at Our option. On interest due dates, an amount of at least \$100.00 may be withdrawn from the amount held. If the amount held falls below \$2,000.00, We will pay the entire amount held to the Payee.

**GENERAL PROVISIONS RELATING TO SETTLEMENT OPTIONS** - You may surrender the Contract at or before the commencement of any distribution. The first payment under Option 1, 2, or 3 is paid on the date the amount is applied to the option. The first payment under Option 4 is paid at the end of the first interest period. The first payment may be postponed for up to 10 years with Our consent. If so, the amount applied to the option will accumulate with compound interest at the effective rate of 1.5% per year. To avoid making payments of less than \$20.00 each, We can do either or both of the following:

- (1) change the payments to a quarterly, semi-annual, or annual basis; or
- (2) reduce the number of payments.

If You elect an option, You can withhold the Beneficiary's right to assign, encumber, or commute any unpaid amount.

Except to the extent permitted by law, unpaid amounts are not subject to any claims of a Beneficiary's creditor. In no case may life contingent payments under Option 2 be commuted. At Our option, payments under the other options may be commuted. When an option is commuted, the effective interest rate used to compute the settlement option plus 1% will be used to calculate the discount.

If the payee under Options 1, 2, 3, or 4 dies after payments under the option has started, We will:

- (1) under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the payee's estate; or
- (2) under Options 3 and 4, pay any balance held by Us to the payee's estate.

With Our consent, the option elected may provide for payment in another manner.

**BASIS OF CALCULATIONS** - The payment amounts illustrated in the Settlement Option Tables are based on the Annuity 2000 Mortality Table and 1.5% interest. The attained age at settlement will be adjusted downward by one year for each full five year period that has elapsed since January 1, 2000. Benefits at the time of their commencement will not be less than those that would be provided by the application of the Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the same time to the same class of annuitants.

**SETTLEMENT OPTION TABLES**

**OPTION 1 – TABLE A**  
**MONTHLY PAYMENTS FOR EACH \$1000.00 OF THE NET SUM PAYABLE**

Multiply the monthly payment by 2.993 to obtain the quarterly payment, by 5.969 to obtain the semi-annual payment and by 11.868 to obtain the annual payment.

Years	Amount	Years	Amount	Years	Amount	Years	Amount	Years	Amount
1	\$83.90	7	\$12.53	13	\$7.05	19	\$5.03	25	\$3.99
2	42.26	8	11.04	14	6.59	20	4.81	26	3.86
3	28.39	9	9.89	15	6.20	21	4.62	27	3.75
4	21.45	10	8.96	16	5.85	22	4.44	28	3.64
5	17.28	11	8.21	17	5.55	23	4.28	29	3.54
6	14.51	12	7.58	18	5.27	24	4.13	30	3.44

**SETTLEMENT OPTION TABLES**

**OPTION 2 – TABLE B, C AND D**

**MONTHLY PAYMENT FOR LIFE FOR EACH \$1,000.00 OF THE NET SUM PAYABLE**

Age in years means age of payee on birthday prior to the due date of the first payment. For Tables B and C, multiply the monthly payment by 2.993 to obtain the quarterly payment, by 5.969 to obtain the semi-annual payment, and by 11.868 to obtain the annual payment. For Table D, amounts for payments other than monthly are available on request.

AGE IN YEARS	TABLE B Guaranteed Period 10Years	TABLE C Guaranteed Period 20Years	TABLE D Life Only	AGE IN YEARS	TABLE B Guaranteed Period 10Years	TABLE C Guaranteed Period 20Years	TABLE D Life Only
Male	Amount	Amount	Amount	Female	Amount	Amount	Amount
46	\$2.98	\$2.93	\$2.99	46	\$2.78	\$2.76	\$2.79
47	3.04	2.98	3.05	47	2.83	2.80	2.84
48	3.10	3.03	3.11	48	2.88	2.85	2.89
49	3.16	3.09	3.18	49	2.94	2.90	2.94
50	3.22	3.14	3.25	50	2.99	2.95	3.00
51	3.29	3.20	3.32	51	3.05	3.00	3.06
52	3.36	3.26	3.39	52	3.11	3.06	3.13
53	3.44	3.32	3.47	53	3.18	3.12	3.19
54	3.51	3.39	3.55	54	3.25	3.18	3.26
55	3.60	3.45	3.64	55	3.32	3.24	3.34
56	3.68	3.52	3.73	56	3.39	3.30	3.42
57	3.77	3.58	3.82	57	3.47	3.37	3.50
58	3.87	3.65	3.93	58	3.56	3.44	3.59
59	3.97	3.72	4.03	59	3.64	3.51	3.68
60	4.08	3.79	4.15	60	3.74	3.58	3.78
61	4.19	3.86	4.27	61	3.84	3.66	3.88
62	4.30	3.93	4.40	62	3.94	3.73	3.99
63	4.43	4.00	4.54	63	4.05	3.81	4.11
64	4.56	4.07	4.69	64	4.16	3.88	4.23
65	4.69	4.14	4.85	65	4.29	3.96	4.37
66	4.83	4.21	5.02	66	4.41	4.04	4.51
67	4.98	4.27	5.20	67	4.55	4.11	4.66
68	5.13	4.33	5.40	68	4.69	4.19	4.83
69	5.29	4.39	5.60	69	4.84	4.26	5.00
70	5.45	4.44	5.82	70	5.00	4.33	5.19
71	5.62	4.49	6.06	71	5.17	4.39	5.40
72	5.79	4.54	6.30	72	5.34	4.45	5.62
73	5.97	4.58	6.57	73	5.53	4.51	5.86
74	6.15	4.62	6.85	74	5.72	4.55	6.11
75	6.33	4.65	7.16	75	5.91	4.60	6.39
76	6.51	4.68	7.48	76	6.11	4.64	6.69
77	6.69	4.71	7.83	77	6.32	4.67	7.02
78	6.87	4.73	8.20	78	6.52	4.70	7.37
79	7.05	4.75	8.60	79	6.73	4.73	7.75
80**	7.23	4.76	9.02	80**	6.94	4.75	8.17

\*\* and over

**ALPHABETIC GUIDE**

	<b>PAGE</b>
Accumulation Value.....	9
Addition, Deletion or Substitution of Investment.....	8-9
Age at Issue .....	Data Page
Allocation of Premiums .....	7
American National Fixed Account .....	8
American National Variable Life Separate Account .....	8
Annual Report .....	14
Assignment.....	14
Availability of Settlement Options .....	14
Basis of Calculations .....	15
Basis of Computations.....	12
Beneficiary Interest .....	13
Change of Beneficiary .....	13
Change in Death Benefit Option .....	6
Changes to Policy Upon Election.....	12-13
Conditions for Election.....	12
Continuation of Insurance .....	10
Contract and Representations .....	13
Cost of Insurance .....	10
Date of Issue .....	Data Page
Death Benefit .....	4
Death Benefit Proceeds .....	5
Decrease in Specified Amount .....	6
Deferment of Payments and Emergency Procedure .....	9
Effective Date .....	13
Elective Increase in Specified Amount .....	5 - 6
Fixed Account Accumulation Value .....	10
Full Surrender .....	11
General Provisions for Settlement Options .....	15
Grace Period .....	7
Guaranteed Coverage Benefit .....	7
Incontestability .....	14
Loan .....	11 - 12
Misstatement of Age and Sex.....	5
Modifications .....	14
Monthly Deduction .....	10
Monthly Deduction Due at Death .....	4
Net Amount at Risk.....	10
Overloan Protection Benefit.....	12

Overloan Protection Benefit Charge.....	12
Owner .....	13
Partial Surrender .....	11
Payment of the Death Benefit .....	5
Planned Periodic Premium .....	7
Policy Debt Adjustment .....	5
Premium Payment .....	6
Reinstatement .....	7-8
Separate Account Accumulation Value .....	9 - 10
Settlement Options .....	14
Settlement Option Tables .....	15 – 16
Specified Amount .....	Date Page
Specified Amount After an Election.....	13
Subaccounts .....	8
Suicide .....	5
Surrender Charge .....	11
Surrender Value .....	10
Table of Corridor Percentages .....	5
Tax Consequences.....	13
Termination of Coverage .....	7
The Unit Value .....	9
Transfers .....	8
Unscheduled Premiums .....	7



**FLEXIBLE PREMIUM VARIABLE ADJUSTABLE LIFE INSURANCE  
INVESTMENT EXPERIENCE REFLECTED IN SOME VALUES AND BENEFITS.  
NONPARTICIPATING. NO DIVIDENDS.**

**AMERICAN NATIONAL INSURANCE COMPANY  
ONE MOODY PLAZA  
GALVESTON, TEXAS**

**LEVEL TERM RIDER**

**DATE OF ISSUE.** The Date of Issue of this rider will be the Date of Issue of the policy it is attached to, unless otherwise endorsed.

**BENEFIT.** We will pay the beneficiary, as specified below, the rider death benefit for a Covered Person, if all the terms of this rider and the policy are met. We must first receive due proof, at Our Home Office, that the death of the Covered Person occurred: (1) before the rider expiry date; and (2) while this rider is in full force and effect. The rider expiry date for each Covered Person is shown on the Data Page.

**COVERED PERSON DEFINED.** The Covered Persons are named on the Data Page. Covered Persons may be deleted from, or, with evidence of insurability, added to this benefit. When this occurs, we will send You a revised Data Page.

**RIDER DEATH BENEFIT.** Each rider death benefit specified in the application for a Covered Person is shown separately in the Data Pages.

Subject to Our approval, You may change the rider death benefit for any Covered Person, if you request such change in writing during the lifetime of the Covered Person. You must provide evidence of insurability satisfactory to Us before any request for an increase in rider death benefit becomes effective.

Any elective decrease in the rider death benefit will become effective on the Monthly Deduction Date that falls on or next follows the date the request is received. Any increase will become effective on the Monthly Deduction Date that coincides with or next follows Our approval of the increase.

**CONVERTIBILITY.** The death benefit on a Covered Person may be converted without evidence of insurability to a policy similar to the policy to which this rider is attached. The policy must be one We then offer. You must apply in writing in a form acceptable to Us and submit the policy to Us for endorsement. Conversion must take place:

- (1) while the term insurance provided by this rider is in full force and effect; and
- (2) before the conversion period expiry date shown on the Data Page.

The new policy amount is subject to Our minimum for the type of policy chosen. All of the following must be furnished to Us at the same time:

- (1) the Application for conversion;
- (2) the policy to which this rider is attached; and
- (3) the full first premium for the new policy.

The new policy will be:

- (1) effective on the date of conversion at the Covered Person's attained age;
- (1) issued at premium rates used by Us on the conversion date;
- (2) based on the Covered Person's risk class on the conversion date; and
- (3) issued for any amount less than or equal to the amount of the death benefit, in force on this rider on the date of conversion for the Covered Person.

The effective date of the conversion and the Date of Issue of the new policy are the same.

**INCONTESTABILITY.** This rider shall be incontestable after it has been in force during the lifetime of the Covered Person for 2 years from its effective date, except for nonpayment of premium.

Any increase in the Covered Person's death benefit after the effective date of this rider, or any reinstatement shall be incontestable after the increase or reinstatement is in force during the lifetime of the Covered Person for 2 years after the effective date of the increase or reinstatement, except for nonpayment of premium.

**REINSTATEMENT.** To reinstate this rider, facts must be given to Us to satisfy Us that the Covered Person is then insurable. The provisions for reinstatement in the policy must also be met.

**BENEFICIARY DESIGNATION.** Any amount payable under this rider upon the death of the Covered Person will be paid to the rider's beneficiary, if living. You may name a beneficiary in the manner described in the policy's change of beneficiary provision. If no rider beneficiary is named, the rider's beneficiary will be the policy's beneficiary, if the Covered Person is the policy's Insured. If no rider beneficiary is named, the rider's beneficiary will be the policy's Insured, if the Covered Person is other than the policy's insured. If there is no surviving beneficiary, the amount payable will be paid to the Covered Person's estate.

**TERMINATION.** This rider's benefits will not be payable if death occurs after this rider terminates. The rider will terminate for a Covered Person immediately upon the earliest of the following:

- (1) the date the grace period for the policy expires;
- (2) the date the policy terminates, expires, or is surrendered; or
- (3) this rider's expiry date for that Covered Person, as shown on the Data Page.

At Your written request, We will terminate this rider. You must return the policy to Us for endorsement. This rider will terminate on the Monthly Deduction Date that coincides with or next follows the receipt, at Our Home Office, of the request to terminate this rider. After the date this rider terminates, the Cost of Insurance for this rider's benefit will no longer be included in the Monthly Deduction.

**COST OF INSURANCE.** The Cost of Insurance for the Level Term rider is the sum of the Cost of Insurance for each Covered Person. It is determined on a monthly basis. The monthly cost for each Covered Person is calculated as (a) multiplied by (b) divided by (c) where:

- (a) is that Covered Person's Cost of Insurance Rate;
- (b) is the death benefit for that Covered Person on the Monthly Deduction Date; and
- (c) is 1000.

The monthly Cost of Insurance Rate for the Covered Person is based on the sex, age, and risk class of the Covered Person, when the death benefit took effect and how many years the death benefit has been in effect. Monthly Cost of Insurance rates will be determined by Us from time to time. However, the Cost of Insurance Rates will not be greater than those shown in the Table of Guaranteed Maximum Cost of Insurance Rates for the Covered Person. The Table of Guaranteed Maximum Cost of Insurance Rates for this rider will be:

- (1) shown on the Data Page if this rider is included in the policy on the Date of Issue of the policy; and
- (2) shown on the policy endorsement if this rider is added to the policy after the Date of Issue of the policy.

**SURRENDER VALUES.** This rider has no Surrender Value.

This rider is a part of the policy to which it is attached. The policy provisions that apply will be construed to be a part of this rider.

Signed for Us at Galveston, Texas, on the Date of Issue.



SECRETARY



PRESIDENT

*SERFF Tracking Number:*      *FRCS-125912890*                      *State:*                      *Arkansas*  
*Filing Company:*              *American National Insurance Company*              *State Tracking Number:*      *40935*  
*Company Tracking Number:*      *5039*  
*TOI:*                      *L061 Individual Life - Variable*                      *Sub-TOI:*                      *L061.002 Single Life - Flexible Premium*  
*Product Name:*              *Wealthquest (WQVUL08)*  
*Project Name/Number:*      *Anico/61/61*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-125912890 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number: 40935  
Company Tracking Number: 5039  
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium  
Product Name: Wealthquest (WQVUL08)  
Project Name/Number: Anico/61/61

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 11/20/2008  
**Comments:**  
**Attachment:**  
AR coc reg 19 dist.pdf

**Review Status:**  
**Satisfied -Name:** Application 11/20/2008  
**Comments:**  
**Attachment:**  
9261 AR application.pdf

**Review Status:**  
**Satisfied -Name:** Complaint notice 11/20/2008  
**Comments:**  
**Attachment:**  
AR Compliant Statement.pdf

**Review Status:**  
**Satisfied -Name:** Regulation 34 certification of compliance 11/20/2008  
**Comments:**  
**Attachment:**  
AR coc dist 1.pdf

**Review Status:**  
**Satisfied -Name:** Third party authorization 11/20/2008  
**Comments:**  
**Attachment:**  
Authorization dist.pdf

**Review Status:**

*SERFF Tracking Number:* FRCS-125912890      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:* 40935  
*Company Tracking Number:* 5039  
*TOI:* L061 Individual Life - Variable      *Sub-TOI:* L061.002 Single Life - Flexible Premium  
*Product Name:* Wealthquest (WQVUL08)  
*Project Name/Number:* Anico/61/61

**Satisfied -Name:** Regulation 33-Certificate of Compliance      12/05/2008

**Comments:**  
**Attachment:**  
AR Reg 33.pdf



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** American National Life Insurance Company  
**Form Title(s):** Individual Flexible Premium Variable Adjustable Life Insurance Policy  
Individual Level Term Insurance Rider  
**Form Number(s):** Form WQVUL08(10) 11-08  
Form WQLT08

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



---

Rex D. Hemme  
Senior Vice President and Actuary

September 25, 2008

---

Date



# Part I—Application for Life Insurance

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

ff5a5f7b

page 1 of 9



## 1. PROPOSED INSURED

a. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Birth State/Birth Place \_\_\_\_\_ c. Age \_\_\_\_\_ d. Sex \_\_\_\_\_

e. Marital Status: \_\_\_\_\_ f. Date of Birth (Mo/Day/Year) \_\_\_\_\_ g. Height and Weight \_\_\_\_\_ h. Social Security Tax ID No. \_\_\_\_\_

Mar.  Sep.  Sing.  Wid.  Div. | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

i. Has proposed insured used tobacco in any form during the past twelve months?  Yes  No

j. Residence Address - No. & Street \_\_\_\_\_ k. County \_\_\_\_\_ l. Home Phone \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ m. How long at this address \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

n. Former Address (Past 2 yrs.) \_\_\_\_\_

\_\_\_\_\_

o. Occupation - Job title/duties (Be specific) \_\_\_\_\_ p. Employed by and kind of business \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_

q. Business Address - No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

r. Phone \_\_\_\_\_ s. Date of employment (Month/Year) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ | \_\_\_\_\_

## 2. ADDITIONAL PERSON PROPOSED FOR INSURANCE

a. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Birth State/Birth Place \_\_\_\_\_ c. Relationship \_\_\_\_\_ d. Age \_\_\_\_\_ e. Sex \_\_\_\_\_

f. Marital Status: \_\_\_\_\_ g. Date of Birth (Mo/Day/Year) \_\_\_\_\_ h. Height and Weight \_\_\_\_\_ i. Social Security Tax ID No. \_\_\_\_\_

Mar.  Sep.  Sing.  Wid.  Div. | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

j. Has additional insured used tobacco in any form during the past twelve months?  Yes  No

k. Residence Address - No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

l. Occupation - Job title/duties (Be specific) \_\_\_\_\_ m. Employed by and kind of business \_\_\_\_\_ n. Date of employment (Month/Year) \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

## 3. OWNER (If other than Proposed Insured)

a. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Age \_\_\_\_\_ c. Relationship \_\_\_\_\_ d. Social Security Tax ID No. \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

e. Residence Address - No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

f. CONTINGENT OWNER (If any)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_

## 4. BENEFICIARY

a. **FIRST** — Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

b. **SECOND** — Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_



IN CONTINUATION OF AND BECOMING A PART OF AN APPLICATION TO AMERICAN NATIONAL INSURANCE COMPANY, GALVESTON, TEXAS

5. CHILDREN PROPOSED FOR INSURANCE:

Table with 8 columns: a. Last Name, First Name, M.I., b. Date of Birth (Mo/Date/Year), c. Age, d. Sex, e. Relationship to Prop. Ins., f. Height & Weight

g. Has the name of any child under age 18 been omitted?  Yes (Explain)  No
h. Is any child not living at the same address with the Proposed Insured?  Yes (Explain)  No

6. COMPLETE FOR UNIVERSAL LIFE PLANS

a. Plan of Insurance | b. Specified Amount \$ | c. Death Benefits Options - Elect One
 Option A  Option B
d. Optional Benefits
1.  Waiver of Minimum Premium \$
2.  Accidental Death Benefit \$
3.  Children's Term Rider \$
4.  Spouse's Term Rider \$
e. Planned Periodic Premium \$ | f. Single Premium or Lump Sum Deposit \$

7. FOR VARIABLE LIFE ONLY

a. Select One or More Funds and Indicate Allocation Total (must equal 100%)
 Money Market | % |  Managed | %
 Growth | % |  | %
 Balanced | %

b. SUITABILITY FOR VARIABLE LIFE ONLY

Yes No
  Do you understand that the death benefit and cash value may increase or decrease depending on the investment return of the contract?
  Do you believe that this contract will meet your insurance needs and financial objectives?
  Did you receive the appropriate Fund Prospectus?

8. COMPLETE FOR TRADITIONAL PLANS

a. Plan of Insurance | b. Face Amount \$ | c. Additional Benefits by Rider:
 Acc. Death \$ |  Premium Refund
 Dis. P.W. |  CTR
 Dis. P.W. both insureds |  SLT
 AIO \$ |  Term Rider Plan | Amt. \$
 Premium Payer (complete form 614) |
 Other: (specify) |  Annuity Rider

d. Premium:
Life \$ | Annuity \$

e. If all proposed insureds are acceptable risks on a non-rated basis, but the premium quoted will not purchase the face amount requested:
 Do not change premium; change face amount  Do not change face amount; change premium

f. Dividend Option for Participating Plan Only:
 Cash (Option 1)  Accumulations (Option 4)
 Premium Reduction (Option 2)  One-Year Term (Option 5)
 Paid-Up Additions (Option 3)

g. Automatic Premium Loan elected  Yes  No (In Rhode Island APL is required unless elected otherwise)



9. PREMIUM DATA

Amount Paid with Application \$ \_\_\_\_\_

a. Mode:

- Annual
Semi annual
Quarter
Monthly
Single Premium

b. Method:

Direct - name and address where premium notices to be sent if other than Insured's.

Name City State ZIP

PAC - (Submit form #2011 and Voided Check)

Franchise - Name Number

Government Allotment -

Payee Name

Allotment Type A B C D

Rank Branch Social Security Number

Special Dating Instructions:

Issue Age Issue Date

10. a. Total Insurance/Annuities in Force On Proposed Insured (s): If none in force indicate "NONE".

Table with 9 columns: Full Name of Company, Policy No., Issue Date, Insured's Name, Plan, Amount, Acc. Death, Dis. Inc., See "b" below

b. Yes No Will the insurance or annuity applied for replace or use cash values of any existing insurance or annuity policy issued by any company? If "Yes," indicate which one(s).

- 11. Has any proposed insured ever applied for life, accident or health insurance or for reinstatement of any such insurance which was declined, postponed, cancelled or withdrawn or modified as to plan, amount or rate?
12. Has any proposed insured in the last six (6) months, applied for or do they contemplate applying for other insurance with this or any other company?
13. Has any proposed insured, in the past (5) five years, made or now contemplate making flights as a pilot, student pilot, crew member, or observer?
14. Has any proposed insured ever engaged in, or do they intend to engage in, any hazardous avocation or sport, such as skin diving, parachuting, hang gliding, vehicle racing, or other hazardous avocation(s)?



**PART II MEDICAL INFORMATION AMERICAN NATIONAL INSURANCE COMPANY, GALVESTON, TEXAS**

**15. Family Physician, Specialist, or Clinic for:**

a. Proposed Insured

Name | \_\_\_\_\_

Address | \_\_\_\_\_

Date Last Seen | \_\_\_\_\_ Tel. | \_\_\_\_\_

Reason | \_\_\_\_\_

b. Additional Person Proposed for Insurance

Name | \_\_\_\_\_

Address | \_\_\_\_\_

Date Last Seen | \_\_\_\_\_ Tel. | \_\_\_\_\_

Reason | \_\_\_\_\_

**16. HAS ANY PROPOSED INSURED(S):**

Yes No

- a. Any abnormality, deformity, disease or disorder or presently receiving treatment or taking medicine of any kind?
- b. Ever had a surgical operation or been advised to have an operation which was not performed?
- c. Ever had an x-ray, electrocardiogram, blood or urine test or other laboratory test? If "yes," state why, when, where, and by whom.
- d. Ever made claim for or received any insurance benefit, compensation or pension, government or otherwise, on account of an injury or sickness?
- e. Ever had any impairment of sight or hearing?
- f. Ever been under observation or treatment in any hospital, sanitarium, clinic or rest home?
- g. Ever received counseling or treatment regarding the use of alcohol or drugs?
- h. Ever used barbiturates, amphetamines, hallucinatory drugs, heroin, opiates or other narcotics, except as prescribed by a physician?
- i. Ever had or been treated for high or low blood pressure, chest pain or for sugar in the urine; or for cancer in any form?
- j. Ever been told he or she had an Immune Deficiency Disorder, AIDS, the AIDS Related Complex (ARC) or test results indicating exposure to the AIDS virus?
- k. Consulted or been treated or examined by any physician or practitioner for any cause not previously mentioned in this application?
- l. Are all Proposed Insured(s) now in good health?
- m. If any Proposed Insured is less than one year old, give birth weight \_\_\_\_\_ lb. \_\_\_\_\_ oz.
- Was birth considered premature?

**17.** Give full details below of all "Yes," answers to question 16 a-k & m and if answer is "No" on 16 - l.

Person	Question Number	Reason, condition, disease, or injury, etc.	Date	Degree of recovery	Name and address of attending physician (Street, City, State)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____





SOLICITING AGENT'S REPORT-THESE QUESTIONS MUST BE ANSWERED IN EVERY CASE

- 18. a. How long have you personally known the Proposed Insured? Years | \_\_\_\_\_ Months | \_\_\_\_\_
b. What is your estimate of the premium payer's annual income \$ \_\_\_\_\_ and worth? \$ \_\_\_\_\_
c. Did you see each person proposed for insurance when the application was completed? [ ] Yes [ ] No
d. By whom will premiums be paid? [ ] Owner [ ] Applicant [ ] Other If "Other," explain: \_\_\_\_\_
e. If the Proposed Insured is a child, how much insurance does the Premium Payer have in force on his/her own life? \_\_\_\_\_
f. Give any other surname(s) used by any proposed insured in last 5 years: \_\_\_\_\_
g. If beneficiary is not a relative explain insurable interest. \_\_\_\_\_
h. Has any industrial, intermediate, M.D.O., or Ordinary Insurance with this company on the life of the Proposed Insured been lapsed, surrendered for cash, or placed on reduced paid-up or extended insurance within the last twelve months, or is any such action now in process or planned? [ ] Yes [ ] No (If "Yes," list details below.)

Table with 9 columns: Policy Number, Issue Date, Plan, Prem., Amount, Ind., Intermed., M.D.O., or Ord., If Ind., Intermed., or M.D.O., give D.L.P., Lapsing Agent's Name, Field Office Code

- i. As Agent, do you certify that on the date of this application you asked the Proposed Insured each question in the application, recorded the answers given you, witnessed such person's signature and collected the initial premium shown in the application. You further certify that, to the best of your knowledge and belief, such person is of good moral character and temperate habits, and you know nothing that is not stated herein that would adversely affect such person's insurability. [ ] Yes [ ] No
j. As Agent, did you determine this applicant's insurable needs and/or financial objectives? [ ] Yes [ ] No
k. As Agent, do you have knowledge or reason to believe that replacement of existing insurance may be involved? [ ] Yes [ ] No
l. As Agent, have you complied with State Replacement Regulations? [ ] Yes [ ] No
m. As Agent, did you include individualized sales proposals in your presentations? (If Proposed Insured replaces plans, the comparative information forms for each policy to be replaced, and copies of all sales material must be included with this application sent to Home Office.) [ ] Yes [ ] No

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Licensed Agent's Signature

CSSD District Code 2- \_\_\_\_\_ Agency No. \_\_\_\_\_ Agent P.C. No. \_\_\_\_\_

Corporation Name \_\_\_\_\_ Agent e-mail \_\_\_\_\_ Tax I.D. \_\_\_\_\_

Branch Ofc. No. (and PSO No.) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

- 19. Special issue instructions to Home Office:
Additional Policy Plan & Amount \_\_\_\_\_ Alternate Policy Plan & Amount \_\_\_\_\_
Special Instructions: \_\_\_\_\_
Are Commissions to be split? [ ] Yes [ ] No If yes and split 50/50, list both agent's names and PC #s: \_\_\_\_\_
Otherwise, complete and submit form #6151

Special Beneficiary Settlement Options: [ ] Yes [ ] No If "Yes," complete and submit a modification form. (1048)

- 20. Premium quoted includes anticipated flat dollar extra:
[ ] Yes [ ] No [ ] 1st insd. [ ] 2nd insd. If "Yes," \$ \_\_\_\_\_ extra per thousand.

- 21. INDICATE WHICH OF THE FOLLOWING REQUIREMENTS WERE ORDERED: SEE CURRENT MARKETING BULLETIN FOR REQUIREMENTS
From which approved Paramed Company? \_\_\_\_\_
[ ] Paramed, HOS [ ] Paramed, Full Blood, HOS [ ] Full Blood, Physical Measurements, HOS [ ] APS Dr/Clinic: \_\_\_\_\_
[ ] Oral Fluid Test Collected by Agent Date Ordered? \_\_\_\_\_
[ ] Exam by Physician, Full Blood, HOS [ ] EKG [ ] X ray [ ] Other: \_\_\_\_\_
Was APS paid in advance? [ ] Yes [ ] No If "Yes" enter check no. \_\_\_\_\_ Amount \$ \_\_\_\_\_
Is inspection required? [ ] Yes [ ] No If "Yes," ordered? [ ] Yes [ ] No If "Yes," Company: \_\_\_\_\_

- 22. Has the application been reviewed for omissions and errors? [ ] Yes [ ] No
If "Yes," by (name) \_\_\_\_\_



**AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION**

I hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me, my spouse, and my children, or our health to give to the American National Insurance Company or its Reinsurers any such information about me, my spouse, and my children with reference to us, our health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. I have received notification describing the Medical Information Bureau, and this authorization will be valid for two (2) years from its date.

To facilitate rapid submission of such information, I authorize all the above sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by the American National Insurance Company to collect and transmit such information. A photo copy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Insured (or parent if Proposed Insured is under age 16)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Additional Person Proposed for Insurance





**THIS RECEIPT SHALL BE VOID  
IF ALTERED OR MODIFIED**

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

**PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY  
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK**

I have received \$ \_\_\_\_\_ in connection with an application for life insurance bearing the same number as this receipt. If each of the following four conditions is satisfied fully, then, subject to the Maximum Amount Limitation described below, insurance as provided by the terms and conditions of the policy applied for will become effective on the Effective Date, as defined below.

- (1) The payment received with the application must equal the minimum initial premium required for the plan(s) and amount(s) of insurance applied for and the mode of premium payment selected;
- (2) All medical examinations and tests required under the Company's initial application requirements must be completed and the reports of those medical examinations and tests must be received at the Company's Home Office within 45 days after the date of this receipt;
- (3) On the Effective Date, as defined below, all persons proposed for insurance must be insurable at standard premium rates for the plan(s) and amount(s) of insurance requested in the application, and in good health; and
- (4) There is no material misrepresentation in the application.

**MAXIMUM AMOUNT LIMITATION:** At no time and in no event shall the total liability of the company under this receipt and all other receipts providing conditional insurance coverage with the company on the lives of all the persons proposed for insurance exceed \$500,000.

"Effective Date" means the latest of (a) the date of completion of the application, (b) the date of completion of all medical exams and tests required by the Company and (c) if the applicant requests a policy date which is later than the date of this receipt, the policy date requested by the applicant.

Refund of Payment: If one or more of the above conditions 1, 2, 3 or 4 have not been satisfied fully within 45 days after the date of this receipt, the Company's liability is limited to a refund of the amount paid. Only the President, a Vice President or Secretary of the Company has the authority to waive any of the Company rights or requirements or to waive or alter any of the provisions of this receipt or amend it in any way.

Dated at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_  
City, State Month, Day Year Signature of Licensed Agent

I have read this conditional receipt. It has been explained to me by the agent and I understand and agree to all conditions and limitations.

\_\_\_\_\_  
Signature of Proposed Insured (if age 16 or older)

\_\_\_\_\_  
Signature of Owner or Premium Payer



**AGENT: THIS NOTICE MUST BE REMOVED AND LEFT WITH THE PROPOSED INSURED**  
**AMERICAN NATIONAL INSURANCE COMPANY**  
**ONE MOODY PLAZA**  
**GALVESTON, TEXAS 77550-7999**

Thank you for considering American National Insurance Company as your insurance carrier.

One of the prime objectives of our Company is to provide insurance at the lowest possible cost. The underwriting process (evaluation of risks) is necessary not only to assure this low cost, but also to assure that each policyholder contributes their fair share of the cost. In considering your application, information from various sources must, therefore, be considered. These include the results of your physical examination, if required, and any reports we may receive from doctors and hospitals who have attended you.

**Medical Information Bureau (MIB) Pre-Notification** - Information regarding your insurability will be treated as confidential. The American National Insurance Company may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112.

The American National Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Fair Credit Reporting Act Pre-Notification** - Federal and state laws require notification that, in connection with your application, we may request an investigative consumer report. In addition, such a report may be requested subsequently to update our records or if you apply for additional coverage. Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such a report was requested, the address and telephone number of the investigative agency to which the request was made. By contacting the local office and providing the proper identification, you may inspect or, for the appropriate fee, receive a copy of such report.

Typically, the report will contain information as to character, general reputation, personal characteristics and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs if any, living conditions and type of community.



AMERICAN NATIONAL INSURANCE COMPANY  
HOME OFFICE: ONE MOODY PLAZA  
GALVESTON, TEXAS

### IMPORTANT INFORMATION TO POLICYHOLDERS

In the event you need to contact someone about this policy for any reason please contact your agent. If you have additional questions you may contact the insurance company issuing this policy at the following address and telephone number:

American National Insurance Company  
One Moody Plaza  
Galveston, Texas 77550-7999  
Telephone Number: 1-800-899-6806

Name of Agent: RONALD W THOMASON LUTCF  
Address: P O BOX 10231  
FORT SMITH, AR 72917

Telephone Number: (479) 484-5417

If we at American National Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1123 University Tower Building, Suite 400  
Little Rock, Arkansas 72204  
Telephone Number (501) 686-2900

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

AR-3

Company Name: American National Life Insurance Company

Form Title(s): Individual Flexible Premium Variable Adjustable Life Insurance Policy  
Individual Level Term Insurance Rider

Form Number(s): Form WQVUL08(10) 11-08  
Form WQLT08

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Arkansas Regulation 34.



---

Rex D. Hemme  
Senior Vice President and Actuary

---

September 25, 2008  
Date



**AMERICAN NATIONAL INSURANCE COMPANY**

---

**REX D. HEMME, F.S.A., SENIOR VICE PRESIDENT AND ACTUARY**

ONE MOODY PLAZA, GALVESTON, TX 77550-7999

Bus: (409) 766-6627, Fax: (409) 766-6933

July 14, 2008

Mr. John Palmer of First Consulting and such other employees of the same organization as he may designate are hereby authorized to represent American National Insurance Company in the process of filing a variable universal life policy with the various state insurance departments.

Rex D. Hemme  
Senior Vice President and Actuary  
American National Insurance Company

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** American National Life Insurance Company

**Form Title(s):** Individual Flexible Premium Variable Adjustable Life Insurance Policy  
Individual Level Term Insurance Rider

**Form Number(s):** Form WQVUL08(10)  
Form WQLT08

I hereby certify that to the best of my knowledge and belief, Regulation 33 has been reviewed and the above form(s) and submission complies.



---

Rex D. Hemme  
Senior Vice President and Actuary

---

December 5, 2008  
Date