

SERFF Tracking Number: AMNA-126425223 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 44510  
 Company Tracking Number: AD - TERM  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: AD - TERM  
 Project Name/Number: AD - TERM/AD - TERM

## Filing at a Glance

Company: American National Insurance Company

Product Name: AD - TERM

SERFF Tr Num: AMNA-126425223 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- Closed State Tr Num: 44510

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: AD - TERM

State Status: Approved-Closed

Filing Type: Form

Author: Tyra Reed

Reviewer(s): Linda Bird

Date Submitted: 01/08/2010

Disposition Date: 01/11/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: AD - TERM

Status of Filing in Domicile: Pending

Project Number: AD - TERM

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/11/2010

Explanation for Other Group Market Type:

State Status Changed: 01/11/2010

Deemer Date:

Created By: Tyra Reed

Submitted By: Tyra Reed

Corresponding Filing Tracking Number:

Filing Description:

RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:

Form LCT09DM(10) iV Individual Level Term Life Insurance Policy

Form LNCT09DM(10) iV Individual Level Term Life Insurance Policy

Form RCT09DM(10) iV Individual Level Term Life Insurance Policy

Form LCT09DM-DPS7 iV Specifications Page used with Form LCT09DM (7 Year Initial Level Term Period)

Form LCT09DM-DPS10 iV Specifications Page used with Form LCT09DM (10 Year Initial Level Term Period)

Form LCT09DM-DPS15 iV Specifications Page used with Form LCT09DM (15 Year Initial Level Term Period)

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Form LCT09DM-DPS20 iV Specifications Page used with Form LCT09DM (20 Year Initial Level Term Period)  
Form LNCT09DM-DPS6 iV Specifications Page used with Form LNCT09DM (6 Year Initial Level Term Period)  
Form RCT09DM-DPS5 iV Specifications Page used Form RCT09DM (5 Year Level Term Period)  
SERFF Tracking Number: AMNA- 126425223  
Company Tracking Number: AD-TERM

Dear Reviewer:

Please find attached the above listed forms for your department's review and approval. These forms are new, and will not replace any previously approved forms.

Form LCT09DM(10) is an individual term life insurance policy with a conversion privilege that expires at the insured's age 65. The policy is issued for an initial level term period and is annually renewable thereafter. The policy form will be offered for use with more than one term plan; each different term plan is represented by a separate and uniquely numbered specification page:

Form LCT09DM-DPS7 iV is the uniquely numbered specifications page that will be used for the 7 year level term product. The 7 year product:

- „X has an issue age range of minimum 18 and maximum 65
- „X is available on a sex distinct basis
- „X has a minimum face amount of \$16,000 and a maximum face amount of \$250,000
- „X has premiums payable to age 80; coverage expires on the policy anniversary following the Insured's 80th birthday
- „X is a simplified issue product, which will be marketed on an individual basis through direct marketing channels
- „X is not illustrated

Form LCT09DM-DPS10 iV is the uniquely numbered specifications page that will be used for the 10 year level term product. The 10 year product:

- „X has an issue age range of minimum 18 and maximum 64
- „X is available on a sex distinct basis
- „X has a minimum face amount of \$16,000 and a maximum face amount of \$150,000
- „X has premiums payable to age 80; coverage expires on the policy anniversary following the Insured's 80th birthday
- „X is a simplified issue product, which will be marketed on an individual basis through direct marketing channels
- „X is not illustrated

Form LCT09DM-DPS15 iV is the uniquely numbered specifications page that will be used for the 15 year level term product. The 15 year product:

- „X has an issue age range of minimum 18 and maximum 63

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„X is available on a sex distinct basis  
„X has a minimum face amount of \$16,000 and a maximum face amount of \$250,000  
„X has premiums payable to age 80; coverage expires on the policy anniversary following the Insured's 80th birthday  
„X is a simplified issue product, which will be marketed on an individual basis through direct marketing channels  
„X is not illustrated

Form LCT09DM-DPS20 is the uniquely numbered specifications page that will be used for the 10 year level term product. The 10 year product:

„X has an issue age range of minimum 18 and maximum 55  
„X is available on a sex distinct basis  
„X has a minimum face amount of \$25,000 and a maximum face amount of \$250,000  
„X has premiums payable to age 80; coverage expires on the policy anniversary following the Insured's 80th birthday  
„X is a simplified issue product, which will be marketed on an individual basis through direct marketing channels  
„X is not illustrated

Form LNCT09DM(10) is an individual term life insurance policy. The policy is issued for an initial level term period and is annually renewable thereafter. Currently the policy form will be offered for use with one term plan which is represented by a separate and uniquely numbered specification page as identified below. This policy form is essentially the same as the above listed policy form except this policy form does not contain a conversion privilege.

Form LNCT09DM-DPS6 is the uniquely numbered specifications page that will be used for the 6 year level term product. The 6 year product:

„X has an issue age range of minimum 65 and maximum 70  
„X is available on a sex distinct basis  
„X has a minimum face amount of \$16,000 and a maximum face amount of \$25,000  
„X has premiums payable to age 80; coverage expires on the policy anniversary following the Insured's 80th birthday  
„X is a simplified issue product, which will be marketed on an individual basis through direct marketing channels  
„X is not illustrated

Form RCT09DM(10) is an individual term life insurance policy with a conversion privilege that expires at the insured's age 65. The policy is issued for an initial level term period and is renewed for successive level term periods. Currently the policy form will be offered for use with one term plan which is represented by a separate and uniquely numbered specification page as identified below. This policy form is essentially the same as the above listed policy form(s) except this policy form contains a different variation of language within the renewability provision regarding the successive level term periods (versus annually renewable).

Form RCT09DM-DPS5 is the uniquely numbered specifications page that will be used for the 5 year level term

<i>SERFF Tracking Number:</i>	<i>AMNA-126425223</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AD - TERM</i>		
<i>TOI:</i>	<i>L041 Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L041.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>AD - TERM</i>		
<i>Project Name/Number:</i>	<i>AD - TERM/AD - TERM</i>		

product. The 5 year product:

- „X has an issue age range of minimum 18 and maximum 65
- „X is available on a sex distinct basis
- „X has a minimum face amount of \$16,000 and a maximum face amount of \$150,000
- „X has premiums payable to age 80; coverage expires on the policy anniversary following the Insured's 80th birthday
- „X is a simplified issue product, which will be marketed on an individual basis through direct marketing channels
- „X is not illustrated

All of the above listed policy forms/products will be applied for using the simplified issue, direct solicitation, individual life application (Form 10291) which will be filed for review and approval with your department in the very near future.

Additional information/supporting documentation included in this submission is as follows:

- „X Actuarial Memoranda (for each plan)
- „X Statement of Variability
- „X Certificate of Readability
- „X Payment of the required filing fee in the amount of \$ 150.00 has been submitted via EFT
- „X Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.
- „X As the above listed products are issued on a sex-distinct basis, we confirm that the policy(ies) will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

## Company and Contact

### Filing Contact Information

Tyra Reed, Policy Analyst	tyra.reed@anico.com
One Moody Plaza	409-763-1112 [Phone] 5222 [Ext]
Product Development--14th Floor	409-766-6933 [FAX]
Galveston, TX 77550	

### 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:	State ID Number:
(409) 763-4661 ext. [Phone]	FEIN Number: 74-0484030	

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Fixed/Indeterminate Premium  
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**Filing Fees**

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$150.00	01/08/2010	33377559

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/11/2010	01/11/2010

*SERFF Tracking Number:* AMNA-126425223      *State:* Arkansas  
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Fixed/Indeterminate Premium  
  
*Product Name:* AD - TERM  
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## **Disposition**

Disposition Date: 01/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Variable Material Memoranda		Yes
Form	Individual Level Term Life Insurance Policy		Yes
Form	Individual Level Term Life Insurance Policy		Yes
Form	Individual Level Term Life Insurance Policy		Yes
Form	Specifications Page used with Form LCT09DM - 7 Year Initial Level Term Period		Yes
Form	Specifications Page used with Form LCT09DM - 10 Year Initial Level Term Period		Yes
Form	Specifications Page used with Form LCT09DM - 15 Year Initial Level Term Period		Yes
Form	Specifications Page used with Form LCT09DM - 20 Year Initial Level Term Period		Yes
Form	Specifications Page used with Form LNCT09DM - 6 Year Initial Level Term Period		Yes
Form	Specifications Page used with Form RCT09DM - 5 Year Level Term Period		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form LCT09DM(10)	Policy/Cont	Individual Level Term Initial ract/Fratern Life Insurance Policy al Certificate	Initial		50.100	Form LCT09DM(10).pdf
	Form LNCT09DM(10)	Policy/Cont	Individual Level Term Initial ract/Fratern Life Insurance Policy al Certificate	Initial		52.300	Form LNCT09DM(10).pdf
	Form RCT09DM(10)	Policy/Cont	Individual Level Term Initial ract/Fratern Life Insurance Policy al Certificate	Initial		50.100	Form RCT09DM(10).pdf
	Form LCT09DM-DPS7	Data/Declar	Specifications Page ation Pagesused with Form LCT09DM - 7 Year Initial Level Term Period	Initial		0.000	Form LCT09DM-DPS7.pdf
	Form LCT09DM-DPS10	Data/Declar	Specifications Page ation Pagesused with Form LCT09DM - 10 Year Initial Level Term Period	Initial		0.000	Form LCT09DM-DPS10.pdf
	Form LCT09DM-DPS15	Data/Declar	Specifications Page ation Pagesused with Form LCT09DM - 15 Year Initial Level Term Period	Initial		0.000	Form LCT09DM-DPS15.pdf
	Form LCT09DM-DPS20	Data/Declar	Specifications Page ation Pagesused with Form LCT09DM - 20 Year	Initial		0.000	Form LCT09DM-DPS20.pdf

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		Initial Level Term				
		Period				
Form	Data/Declar	Specifications Page	Initial		Form	
LNCT09DM-	ation Pagesused with Form	LNCT09DM - 6 Year		0.000	LNCT09DM-	
DPS6		Initial Level Term			DPS6.pdf	
		Period				
Form	Data/Declar	Specifications Page	Initial		Form	
RCT09DM-	ation Pagesused with Form	RCT09DM - 5 Year		0.000	RCT09DM-	
DPS5		Level Term Period			DPS5.pdf	



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**ALPHABETICAL GUIDE TO POLICY PROVISIONS**

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Additional benefits and riders (if any), a copy of the Application and any supplements are attached to this Policy.

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## CONTRACT AND INTERESTED PERSONS

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**ENTIRE CONTRACT** – This Policy, any endorsements or riders, and the attached Application form the entire contract. All statements in the Application, in the absence of fraud, will be deemed representations and not warranties. No statement will be used to contest the Policy or be used in defense of a claim under it unless: (a) it is contained in the written Application for the Policy or a rider; and (b) a copy of the Application is attached to the Policy at the Issue Date or upon the addition of any rider, or upon reinstatement.

**EFFECTIVE DATE** – This Policy takes effect on the Issue Date shown or as soon thereafter as the first premium has been received at Our [Home Office] and the Policy has been delivered to You during the Insured's lifetime and same health as stated on the Application.

**OWNER** – The Owner ("You", "Your") is named on the Data Page. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised. Before termination of the Policy, as stated in the Termination provision, You may exercise the rights of ownership given by this Policy. If You are a minor, first the Insured, then the Beneficiary, if living and legally competent, may exercise all rights of ownership. If You die while the Insured is living, ownership will pass to the Contingent Owner if one is named. If there is no Contingent Owner, ownership will pass to the Owner's estate. All rights of the Owner, the Contingent Owner, and the Beneficiary are secondary to the rights of: (a) any Assignee of record; and (b) any Irrevocable Beneficiary. The Owner may change the ownership of the Policy by written request. The change shall take effect on the date the request was signed, unless otherwise specified by the Owner, subject to any payments made or actions taken by Us prior to the receipt of such request.

**INSURED** - The person on whose death the Death Benefit will be paid and who is named as such on the Data Page. The Insured has no Ownership rights under this Policy unless the Owner and the Insured is the same person or unless the Owner is not legally competent.

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

**BENEFICIARY INTEREST** - Beneficiaries will be designated as primary (first) or contingent (secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or secondary are in a different class and will not share in the proceeds of a death claim unless no Beneficiary named as primary survives the Insured as described below. All relationships are in reference to the Insured.

Unless changed by endorsement or written request filed at Our [Home Office]: (a) two or more class members of the same class will share proceeds equally; (b) surviving class members will share equally the proceeds to which a deceased Beneficiary would have been entitled; and (c) if no Beneficiary survives the Insured, proceeds will be paid to the Owner's estate. A Beneficiary will not share in any proceeds or benefits if: (a) the Beneficiary dies within 30 days after the Insured's Death; and (b) Our [Home Office] has not received Proof of Death of the Insured. If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Insured's death. All Beneficiaries' interests are secondary to any Assignment on record at the [Home Office].

**CHANGE OF BENEFICIARY** – If there is no Assignee or Irrevocable Beneficiary, You may change a Beneficiary by filing a written request in a form acceptable to Us at our [Home Office]. A change will not take effect until We receive Your written request and record the change at the [Home Office]. Once recorded, the change will be effective as of the date You signed the request. The change is subject to: (a) the rights of any Assignee on record; (b) the rights of an Irrevocable Beneficiary.

**IRREVOCABLE BENEFICIARY** – A permanent Beneficiary whose rights under the Policy cannot be changed without his or her consent. The consent of the Irrevocable Beneficiary must be in writing.

**ASSIGNEE** – This Policy may be assigned or pledged to a Natural Person or a legal entity as security for a debt. The Assignee's rights under this Policy will supersede those of the Beneficiary and the Owner.

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## DEFINITION OF TERMS

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**ATTAINED AGE** – The Insured's age at issue plus the number of Policy Years completed.

**NATURAL PERSON** – A human being only and not a trust, a corporation, or any other legally recognized entity.

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

**POLICY MONTH** – The first Policy Month begins on the Issue Date and ends on the day preceding the same date in the next calendar month. Each succeeding Policy Month begins on the same date of each calendar month. This date is also referred to as the Monthly Anniversary.

**POLICY YEAR** – The period beginning on the Issue Date and ending on year later and each succeeding one year period.

**PROOF OF DEATH** – Includes all of the following: (a) a certified death certificate of the Insured or other lawful evidence providing equivalent information; (b) a claimant statement; (c) the Policy; and (d) any other information We may reasonable require to establish the validity of the claim.

**TERM EXPIRY DATE** – The date shown on the Data Page.

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## GENERAL PROVISIONS

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**CONFORMITY WITH STATE LAW** – This Policy is subject to the laws of the jurisdiction where it is delivered. If any provision of this Policy is contrary to any such law, such provision is amended to conform to the minimum standards of such law.

**NONPARTICIPATING POLICY** – This Policy is nonparticipating. It does not share in Our profits or surplus.

**INCONTESTABILITY** – This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Issue Date, except for nonpayment of premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, or fraud (if permitted by jurisdiction in which this Policy is delivered), which may be contested at any time. An addition of a rider after the Policy's Issue Date or Reinstatement, shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of such addition or Reinstatement, except as to any nonpayment of Premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, or fraud (if permitted by jurisdiction in which this Policy is delivered), which may be contested at any time. We may only contest this Policy under this provision based on material misstatements or omissions in the Application, Supplemental Application, or Reinstatement Application.

**SUICIDE** – If the Insured, whether sane or insane, dies from suicide within 2 years from the Issue Date of this Policy, We are liable only for the return of any premiums received. The provisions of this paragraph shall also apply to an addition of a rider. For 2 years following the date of an addition, We shall be liable only for the return of premiums paid, if any, which result from such addition.

**MISSTATEMENT OF AGE OR SEX** – If there is misstatement of age or sex of the Insured, the Death Benefit shall be that which would have been purchased by the most recent premium at the correct age and sex. Amounts will be based on Our rates on the Issue Date. As used in this Policy, 'age' means age last birthday.

**ASSIGNMENT** – No Assignment will bind Us until recorded at Our [Home Office]. We are not obligated to determine 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. Unless otherwise specified by the Owner, Assignments shall take effect on the date the notice of Assignment is signed by Owner, subject to any payments made or actions taken by Us.

**POWER TO MODIFY** – Only Our president or secretary has the power to: (a) change this Policy; (b) extend the time for payment of premiums; or (c) waive any Policy provisions. Any change in the Policy will be endorsement signed by one of the above-named officers.

**NOTICES** – All Notices, Applications, and other correspondence (including requests for a Policy change) required to be sent to Us under the terms of the Policy, or any attached rider must be mailed or delivered to Our [Home Office] in [Galveston, Texas].

**BASIS OF COMPUTATIONS** – Reserve calculations are based on the mortality tables shown on the Data Page.

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## PREMIUMS

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**PREMIUM PAYMENT** – Premiums will be payable in advance of coverage being effective: (a) while the Insured is living; (b) starting on the Issue Date; (c) during the premium period shown on the Data Page; and (d) at the premium mode and amount shown on the Data Page. Premiums are payable to the [Home Office], or the Company's authorized agent in exchange for an official receipt. The receipt will be signed by the president or secretary and will be countersigned by the agent. The premium mode may be changed with Our consent upon written request. Premiums are guaranteed to remain level and not change during the Guaranteed Period shown on the Data Page.

**GRACE PERIOD** – A Grace Period of 31 days is granted for each premium payment after the first. The Policy stays in force during this period. No interest is charged on the premium payment due during this time. If the Insured dies within the 31 days after the due date of the unpaid premium, one month's premium will be deducted from the Policy proceeds. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE** – If a premium is not paid within the Grace Period, the Policy will terminate on the due date of the first premium payment in default.

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## **TERMINATION AND REINSTATEMENT**

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**TERMINATION** – Coverage under this Policy will terminate on the first to occur of: (a) the Insured’s death; (b) expiration of the Grace Period; or (c) the Term Expiry Date.

**REINSTATEMENT** – You may reinstate this Policy after it has lapsed. All of the following conditions must be met: (a) the reinstatement must be within 5 years of the date of lapse and before the Term Expiry Date; (b) You must give Us any facts We require to prove the Insured is insurable for the Policy at the same classification as on the Issue Date; and (c) all premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

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## **RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD**

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After the Guaranteed Period shown on the Data Page, You may renew this Policy for successive one year level term periods until the Policy anniversary following the Insured’s 80<sup>th</sup> birthday. The premium amount will increase for each one year level term period. The right to renew this Policy is subject to the following conditions: (a) this Policy must be in full force and effect at the time of renewal; (b) benefits for disability and accidental death, if any, are renewable, subject to the terms and conditions of expiry in the provisions of those benefits; and (c) the first premium of the renewal period is paid within the Grace Period for the next premium due as of the end of the prior year term period.

If the Insured dies within 31 days after a Policy anniversary on which the Policy could be renewed, the Policy will be: (a) automatically renewed; and (b) the amount payable under this Policy will be reduced by one month’s premium at the Insured’s Attained Age as of the date of death.

The Annual Premium is shown on the Data Page for each level term period. No evidence of insurability is required to renew the Policy.

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## **CONVERTIBILITY**

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While this Policy is in force, and prior to the Conversion Expiry Date, this Policy may be converted to an individual permanent life insurance Policy. You must send this Policy, the first full premium for the new Policy, and a written Application for Conversion to Us before the Conversion Expiry Date shown on the Data Page. The new Policy amount cannot exceed the Death Benefit of this Policy. The new Policy must be a permanent life insurance policy available from Us and eligible for conversion on the conversion date. The new Policy will contain a Disability Premium Waiver Rider if: (a) it is a whole life Policy; (b) the premiums are payable for life; and (c) this Policy contains a Disability Premium Waiver Rider that is in full force and effect. If the new Policy contains a Disability Premium Waiver Rider, the benefit of that rider will not be effective unless: (a) the total disability started after the new Policy’s Issue Date; and (b) the total disability is not the result of an injury, disease, or infection that occurred or existed before the new Policy’s Issue Date.

If You request conversion to any other Policy form or that the converted Policy include any other insurance benefit, You must provide Us with any facts we require to provide that the Insured is then insurable. The new Policy will be: (a) effective on the conversion date at the Insured’s then Attained Age; and (b) issued at premium rates used by Us on the conversion date for the Insured’s mortality class as of the Issue Date of this Policy.

The Incontestability and Suicide provisions attributable to the converted (new) Policy will be effective as of the date of this (original) Policy. If the converted Policy includes additional coverage for which evidence of insurability was provided, a new Incontestability and Suicide provision may apply to that coverage.

**AUTOMATIC CONVERSION PROVISION** – If this Policy contains a Disability Premium Waiver and premiums are being waived under it on the Conversion Expiry Date of this Policy, it will be automatically converted to a new Policy. The new Policy will be: (a) a whole life insurance Policy with premiums payable for life; (b) for an amount equal to the amount of the Death Benefit on this Policy; (c) effective on the Conversion Expiry Date of this Policy; (d) issued at the Insured’s then Attained Age; and (e) issued on a form and at premium rates in use by Us at the date of conversion. We will waive premiums on the new Policy while total disability continues. If total disability ceases, any premiums due after the total disability has ceased will be payable according to the terms of the new Policy.

The Incontestability and Suicide provisions attributable to the converted (new) Policy will be effective as of the date of this (original) Policy. If the converted Policy includes additional coverage for which evidence of insurability was provided, a new Incontestability and Suicide provision may apply to that coverage.

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## PROCEEDS TO BE PAID

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**PAYMENT OF DEATH BENEFIT** – Any proceeds payable under the terms of this Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy. The Proceeds are payable to the Beneficiary upon receipt by Us of satisfactory Proof of Death of the Insured while this Policy is in force and are equal to: (a) the Death Benefit; plus (b) any additional life insurance proceeds provided by any riders; plus (c) any premium paid by You past the end of the Policy Month of the Insured's death; minus (d) any unpaid Premium that may apply during a Grace Period. Premiums waived under any waiver of premium rider attached to the Policy will not be included in the adjustment.

If Death Benefit proceeds are not paid within thirty days from the date of Our receipt of due Proof of Death and determination of the right of the claimant to the Proceeds, then such Proceeds, including both the Death benefit and any refund of premiums at death, will be paid with interest from the date of death to the date of payment. The interest will be calculated at an effective rate at least as great as required by law. Proceeds may be paid in one sum or under the Settlement Options provision of this Policy.

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## SETTLEMENT OPTIONS

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**AVAILABILITY OF SETTLEMENT OPTIONS** – All or a 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 taxing authority. The remaining amount is the net sum payable. Other options can be used if agreed to by Us. If You have not elected a settlement option before the Insured's death, the Beneficiary may choose one. Any settlement option election must be written in a form that satisfies Us. Our consent is required for any of the following: (a) any payment to joint or successive Payees; (b) any payment to a corporation, association, partnership, trustee, or estate; or (c) any change in an option previously elected. We do not have to apply an option on a net sum payable of less than \$5,000 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 or 20 years under Table C. Under Table D, there is no fixed period; installments are payable as long as the Payee lives. Interest is credited at the effective rate of 1.5% per year.

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: (a) the net sum payable; plus (b) interest at the effective rate of 1.5% per year; plus (c) 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, the Payee may withdraw an amount of at least \$100.00 from the amount held by Us. If the amount We hold falls below \$2,000.00, We will pay the entire amount 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. Under Option 4, 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: (a) change the payments to quarterly, semi-annual or annual basis; or (b) 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 same effective interest rate We used to compute the settlement option payment 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 have started, We will: (a) under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the Payee's estate; or (b) 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 (no projection scale used) and 1.5% interest. The attained age of the Payee when the settlement option is elected 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 annuities.

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**SETTLEMENT OPTION TABLES**

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**OPTION 1 – TABLE A**

**MONTHLY PAYMENTS FOR EACH \$1,000.00 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

**OPTION 2 – TABLES B, C, AND D**

**MONTHLY PAYMENTS 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.

<b>AGE IN YEARS</b>	<b>TABLE B Guaranteed Period 10 Years</b>	<b>TABLE C Guaranteed Period 20 Years</b>	<b>TABLE D Life Only</b>	<b>AGE IN YEARS</b>	<b>TABLE B Guaranteed Period 10 Years</b>	<b>TABLE C Guaranteed Period 20 Years</b>	<b>TABLE D Life Only</b>
<b>Male</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Female</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
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	3.37
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	4.86	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	5.54	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	7.08	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



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

HOME OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]  
ADMINISTRATIVE OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]  
TELEPHONE NUMBER [(409) 763-4661]

**INDIVIDUAL LEVEL TERM LIFE INSURANCE POLICY WITH CONVERSION PRIVILEGE EXPIRING AT AGE 65**

- Face amount payable at Insured's death prior to the Expiry Date.
- Premiums payable during the life of Insured until the Expiry Date.
- Renewable.
- Convertible as provided herein.
- Nonparticipating. Dividends are not payable.
- Death Benefit payable in lump sum or as described in the Settlement Options provision.



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Additional benefits and riders (if any), a copy of the Application and any supplements are attached to this Policy.

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## CONTRACT AND INTERESTED PERSONS

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**ENTIRE CONTRACT** – This Policy, any endorsements or riders, and the attached Application form the entire contract. All statements in the Application, in the absence of fraud, will be deemed representations and not warranties. No statement will be used to contest the Policy or be used in defense of a claim under it unless: (a) it is contained in the written Application for the Policy or a rider; and (b) a copy of the Application is attached to the Policy at the Issue Date or upon the addition of any rider, or upon reinstatement.

**EFFECTIVE DATE** – This Policy takes effect on the Issue Date shown or as soon thereafter as the first premium has been received at Our [Home Office] and the Policy has been delivered to You during the Insured's lifetime and same health as stated on the Application.

**OWNER** – The Owner ("You", "Your") is named on the Data Page. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised. Before termination of the Policy, as stated in the Termination provision, You may exercise the rights of ownership given by this Policy. If You are a minor, first the Insured, then the Beneficiary, if living and legally competent, may exercise all rights of ownership. If You die while the Insured is living, ownership will pass to the Contingent Owner if one is named. If there is no Contingent Owner, ownership will pass to the Owner's estate. All rights of the Owner, the Contingent Owner, and the Beneficiary are secondary to the rights of: (a) any Assignee of record; and (b) any Irrevocable Beneficiary. The Owner may change the ownership of the Policy by written request. The change shall take effect on the date the request was signed, unless otherwise specified by the Owner, subject to any payments made or actions taken by Us prior to the receipt of such request.

**INSURED** - The person on whose death the Death Benefit will be paid and who is named as such on the Data Page. The Insured has no Ownership rights under this Policy unless the Owner and the Insured is the same person or unless the Owner is not legally competent.

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

**BENEFICIARY INTEREST** - Beneficiaries will be designated as primary (first) or contingent (secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or secondary are in a different class and will not share in the proceeds of a death claim unless no Beneficiary named as primary survives the Insured as described below. All relationships are in reference to the Insured.

Unless changed by endorsement or written request filed at Our [Home Office]: (a) two or more class members of the same class will share proceeds equally; (b) surviving class members will share equally the proceeds to which a deceased Beneficiary would have been entitled; and (c) if no Beneficiary survives the Insured, proceeds will be paid to the Owner's estate. A Beneficiary will not share in any proceeds or benefits if: (a) the Beneficiary dies within 30 days after the Insured's Death; and (b) Our [Home Office] has not received Proof of Death of the Insured. If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Insured's death. All Beneficiaries' interests are secondary to any Assignment on record at the [Home Office].

**CHANGE OF BENEFICIARY** – If there is no Assignee or Irrevocable Beneficiary, You may change a Beneficiary by filing a written request in a form acceptable to Us at our [Home Office]. A change will not take effect until We receive Your written request and record the change at the [Home Office]. Once recorded, the change will be effective as of the date You signed the request. The change is subject to: (a) the rights of any Assignee on record; (b) the rights of an Irrevocable Beneficiary.

**IRREVOCABLE BENEFICIARY** – A permanent Beneficiary whose rights under the Policy cannot be changed without his or her consent. The consent of the Irrevocable Beneficiary must be in writing.

**ASSIGNEE** – This Policy may be assigned or pledged to a Natural Person or a legal entity as security for a debt. The Assignee's rights under this Policy will supersede those of the Beneficiary and the Owner.

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## DEFINITION OF TERMS

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**ATTAINED AGE** – The Insured's age at issue plus the number of Policy Years completed.

**NATURAL PERSON** – A human being only and not a trust, a corporation, or any other legally recognized entity.

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

**POLICY MONTH** – The first Policy Month begins on the Issue Date and ends on the day preceding the same date in the next calendar month. Each succeeding Policy Month begins on the same date of each calendar month. This date is also referred to as the Monthly Anniversary.

**POLICY YEAR** – The period beginning on the Issue Date and ending on year later and each succeeding one year period.

**PROOF OF DEATH** – Includes all of the following: (a) a certified death certificate of the Insured or other lawful evidence providing equivalent information; (b) a claimant statement; (c) the Policy; and (d) any other information We may reasonable require to establish the validity of the claim.

**TERM EXPIRY DATE** – The date shown on the Data Page.

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## GENERAL PROVISIONS

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**CONFORMITY WITH STATE LAW** – This Policy is subject to the laws of the jurisdiction where it is delivered. If any provision of this Policy is contrary to any such law, such provision is amended to conform to the minimum standards of such law.

**NONPARTICIPATING POLICY** – This Policy is nonparticipating. It does not share in Our profits or surplus.

**INCONTESTABILITY** – This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Issue Date, except for nonpayment of premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, or fraud (if permitted by jurisdiction in which this Policy is delivered), which may be contested at any time. An addition of a rider after the Policy's Issue Date or Reinstatement, shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of such addition or Reinstatement, except as to any nonpayment of Premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, or fraud (if permitted by jurisdiction in which this Policy is delivered), which may be contested at any time. We may only contest this Policy under this provision based on material misstatements or omissions in the Application, Supplemental Application, or Reinstatement Application.

**SUICIDE** – If the Insured, whether sane or insane, dies from suicide within 2 years from the Issue Date of this Policy, We are liable only for the return of any premiums received. The provisions of this paragraph shall also apply to an addition of a rider. For 2 years following the date of an addition, We shall be liable only for the return of premiums paid, if any, which result from such addition.

**MISSTATEMENT OF AGE OR SEX** – If there is misstatement of age or sex of the Insured, the Death Benefit shall be that which would have been purchased by the most recent premium at the correct age and sex. Amounts will be based on Our rates on the Issue Date. As used in this Policy, 'age' means age last birthday.

**ASSIGNMENT** – No Assignment will bind Us until recorded at Our [Home Office]. We are not obligated to determine 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. Unless otherwise specified by the Owner, Assignments shall take effect on the date the notice of Assignment is signed by Owner, subject to any payments made or actions taken by Us.

**POWER TO MODIFY** – Only Our president or secretary has the power to: (a) change this Policy; (b) extend the time for payment of premiums; or (c) waive any Policy provisions. Any change in the Policy will be endorsement signed by one of the above-named officers.

**NOTICES** – All Notices, Applications, and other correspondence (including requests for a Policy change) required to be sent to Us under the terms of the Policy, or any attached rider must be mailed or delivered to Our [Home Office] in [Galveston, Texas].

**BASIS OF COMPUTATIONS** – Reserve calculations are based on the mortality tables shown on the Data Page.

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## PREMIUMS

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**PREMIUM PAYMENT** – Premiums will be payable in advance of coverage being effective: (a) while the Insured is living; (b) starting on the Issue Date; (c) during the premium period shown on the Data Page; and (d) at the premium mode and amount shown on the Data Page. Premiums are payable to the [Home Office], or the Company's authorized agent in exchange for an official receipt. The receipt will be signed by the president or secretary and will be countersigned by the agent. The premium mode may be changed with Our consent upon written request. Premiums are guaranteed to remain level and not change during the Guaranteed Period shown on the Data Page.

**GRACE PERIOD** – A Grace Period of 31 days is granted for each premium payment after the first. The Policy stays in force during this period. No interest is charged on the premium payment due during this time. If the Insured dies within the 31 days after the due date of the unpaid premium, one month's premium will be deducted from the Policy proceeds. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE** – If a premium is not paid within the Grace Period, the Policy will terminate on the due date of the first premium payment in default.

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## **TERMINATION AND REINSTATEMENT**

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**TERMINATION** – Coverage under this Policy will terminate on the first to occur of: (a) the Insured's death; (b) expiration of the Grace Period; or (c) the Term Expiry Date.

**REINSTATEMENT** – You may reinstate this Policy after it has lapsed. All of the following conditions must be met: (a) the reinstatement must be within 5 years of the date of lapse and before the Term Expiry Date; (b) You must give Us any facts We require to prove the Insured is insurable for the Policy at the same classification as on the Issue Date; and (c) all premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

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## **RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD**

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After the Guaranteed Period shown on the Data Page, You may renew this Policy for successive one year level term periods until the Policy anniversary following the Insured's 80<sup>th</sup> birthday. The premium amount will increase for each one year level term period. The right to renew this Policy is subject to the following conditions: (a) this Policy must be in full force and effect at the time of renewal; (b) benefits for disability and accidental death, if any, are renewable, subject to the terms and conditions of expiry in the provisions of those benefits; and (c) the first premium of the renewal period is paid within the Grace Period for the next premium due as of the end of the prior year term period.

If the Insured dies within 31 days after a Policy anniversary on which the Policy could be renewed, the Policy will be: (a) automatically renewed; and (b) the amount payable under this Policy will be reduced by one month's premium at the Insured's Attained Age as of the date of death.

The Annual Premium is shown on the Data Page for each level term period. No evidence of insurability is required to renew the Policy.

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## **PROCEEDS TO BE PAID**

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**PAYMENT OF DEATH BENEFIT** – Any proceeds payable under the terms of this Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy. The proceeds are payable to the Beneficiary upon receipt by Us of satisfactory Proof of Death of the Insured while this Policy is in force and are equal to: (a) the Death Benefit; plus (b) any additional life insurance proceeds provided by any riders; plus (c) any premium paid by You past the end of the Policy Month of the Insured's death; minus (d) any unpaid Premium that may apply during a Grace Period. Premiums waived under any waiver of premium rider attached to the Policy will not be included in the adjustment.

If Death Benefit proceeds are not paid within thirty days from the date of Our receipt of due Proof of Death and determination of the right of the claimant to the Proceeds, then such Proceeds, including both the Death benefit and any refund of premiums at death, will be paid with interest from the date of death to the date of payment. The interest will be calculated at an effective rate at least as great as required by law. Proceeds may be paid in one sum or under the Settlement Options provision of this Policy.

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## **SETTLEMENT OPTIONS**

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**AVAILABILITY OF SETTLEMENT OPTIONS** – All or a 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 taxing authority. The remaining amount is the net sum payable. Other options can be used if agreed to by Us. If You have not elected a settlement option before the Insured's death, the Beneficiary may choose one. Any settlement option election must be written in a form that satisfies Us. Our consent is required for any of the following: (a) any payment to joint or successive Payees; (b) any payment to a corporation, association, partnership, trustee, or estate; or (c) any change in an option previously elected. We do not have to apply an option on a net sum payable of less than \$5,000 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 or 20 years under Table C. Under Table D, there is no fixed period; installments are payable as long as the Payee lives. Interest is credited at the effective rate of 1.5% per year.

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: (a) the net sum payable; plus (b) interest at the effective rate of 1.5% per year; plus (c) 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, the Payee may withdraw an amount of at least \$100.00 from the amount held by Us. If the amount We hold falls below \$2,000.00, We will pay the entire amount 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. Under Option 4, 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: (a) change the payments to quarterly, semi-annual or annual basis; or (b) 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 same effective interest rate We used to compute the settlement option payment 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 have started, We will: (a) under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the Payee’s estate; or (b) 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 (no projection scale used) and 1.5% interest. The attained age of the Payee when the settlement option is elected 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 annuities.

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**SETTLEMENT OPTION TABLES**

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**OPTION 1 – TABLE A**

**MONTHLY PAYMENTS FOR EACH \$1,000.00 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

**OPTION 2 – TABLES B, C, AND D**

**MONTHLY PAYMENTS 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.

<b>AGE IN YEARS</b>	<b>TABLE B Guaranteed Period 10 Years</b>	<b>TABLE C Guaranteed Period 20 Years</b>	<b>TABLE D Life Only</b>	<b>AGE IN YEARS</b>	<b>TABLE B Guaranteed Period 10 Years</b>	<b>TABLE C Guaranteed Period 20 Years</b>	<b>TABLE D Life Only</b>
<b>Male</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Female</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
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	3.37
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	4.86	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	5.54	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	7.08	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



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

HOME OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]  
ADMINISTRATIVE OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]  
TELEPHONE NUMBER [(409) 763-4661]

**INDIVIDUAL LEVEL TERM LIFE INSURANCE POLICY**

- Face amount payable at Insured's death prior to the Expiry Date.
- Premiums payable during the life of Insured until the Expiry Date.
- Renewable.
- Non-Convertible.
- Nonparticipating. Dividends are not payable.
- Death Benefit payable in lump sum or as described in the Settlement Options provision.



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**ALPHABETICAL GUIDE TO POLICY PROVISIONS**

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Additional benefits and riders (if any), a copy of the Application and any supplements are attached to this Policy.

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## CONTRACT AND INTERESTED PERSONS

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**ENTIRE CONTRACT** – This Policy, any endorsements or riders, and the attached Application form the entire contract. All statements in the Application, in the absence of fraud, will be deemed representations and not warranties. No statement will be used to contest the Policy or be used in defense of a claim under it unless: (a) it is contained in the written Application for the Policy or a rider; and (b) a copy of the Application is attached to the Policy at the Issue Date or upon the addition of any rider, or upon reinstatement.

**EFFECTIVE DATE** – This Policy takes effect on the Issue Date shown or as soon thereafter as the first premium has been received at Our [Home Office] and the Policy has been delivered to You during the Insured's lifetime and same health as stated on the Application.

**OWNER** – The Owner ("You", "Your") is named on the Data Page. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised. Before termination of the Policy, as stated in the Termination provision, You may exercise the rights of ownership given by this Policy. If You are a minor, first the Insured, then the Beneficiary, if living and legally competent, may exercise all rights of ownership. If You die while the Insured is living, ownership will pass to the Contingent Owner if one is named. If there is no Contingent Owner, ownership will pass to the Owner's estate. All rights of the Owner, the Contingent Owner, and the Beneficiary are secondary to the rights of: (a) any Assignee of record; and (b) any Irrevocable Beneficiary. The Owner may change the ownership of the Policy by written request. The change shall take effect on the date the request was signed, unless otherwise specified by the Owner, subject to any payments made or actions taken by Us prior to the receipt of such request.

**INSURED** - The person on whose death the Death Benefit will be paid and who is named as such on the Data Page. The Insured has no Ownership rights under this Policy unless the Owner and the Insured is the same person or unless the Owner is not legally competent.

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

**BENEFICIARY INTEREST** - Beneficiaries will be designated as primary (first) or contingent (secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or secondary are in a different class and will not share in the proceeds of a death claim unless no Beneficiary named as primary survives the Insured, as described below. All relationships are in reference to the Insured.

Unless changed by endorsement or written request filed at Our [Home Office]: (a) two or more class members of the same class will share proceeds equally; (b) surviving class members will share equally the proceeds to which a deceased Beneficiary would have been entitled; and (c) if no Beneficiary survives the Insured, proceeds will be paid to the Owner's estate. A Beneficiary will not share in any proceeds or benefits if: (a) the Beneficiary dies within 30 days after the Insured's Death; and (b) Our [Home Office] has not received Proof of Death of the Insured. If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Insured's death. All Beneficiaries' interests are secondary to any Assignment on record at the [Home Office].

**CHANGE OF BENEFICIARY** – If there is no Assignee or Irrevocable Beneficiary, You may change a Beneficiary by filing a written request in a form acceptable to Us at our [Home Office]. A change will not take effect until We receive Your written request and record the change at the [Home Office]. Once recorded, the change will be effective as of the date You signed the request. The change is subject to: (a) the rights of any Assignee on record; (b) the rights of an Irrevocable Beneficiary.

**IRREVOCABLE BENEFICIARY** – A permanent Beneficiary whose rights under the Policy cannot be changed without his or her consent. The consent of the Irrevocable Beneficiary must be in writing.

**ASSIGNEE** – This Policy may be assigned or pledged to a Natural Person or a legal entity as security for a debt. The Assignee's rights under this Policy will supersede those of the Beneficiary and the Owner.

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## DEFINITION OF TERMS

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**ATTAINED AGE** – The Insured's age at issue plus the number of Policy Years completed.

**NATURAL PERSON** – A human being only and not a trust, a corporation, or any other legally recognized entity.

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

**POLICY MONTH** – The first Policy Month begins on the Issue Date and ends on the day preceding the same date in the next calendar month. Each succeeding Policy Month begins on the same date of each calendar month. This date is also referred to as the Monthly Anniversary.

**POLICY YEAR** – The period beginning on the Issue Date and ending one year later and each succeeding one year period.

**PROOF OF DEATH** – Includes all of the following: (a) a certified death certificate of the Insured or other lawful evidence providing equivalent information; (b) a claimant statement; (c) the Policy; or (d) any other information We may reasonable require to establish the validity of the claim.

**TERM EXPIRY DATE** – The date shown on the Data Page.

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## GENERAL PROVISIONS

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**CONFORMITY WITH STATE LAW** – This Policy is subject to the laws of the jurisdiction where it is delivered. If any provision of this Policy is contrary to any such law, such provision is amended to conform to the minimum standards of such law.

**NONPARTICIPATING POLICY** – This Policy is nonparticipating. It does not share in Our profits or surplus.

**INCONTESTABILITY** – This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Issue Date, except for nonpayment of premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, or fraud (if permitted by jurisdiction in which this Policy is delivered), which may be contested at any time. An addition of a rider after the Policy's Issue Date or Reinstatement, shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of such addition or Reinstatement, except as to any nonpayment of Premium and except as to any provision or condition relating to disability benefits or additional benefits for accidental death, or fraud (if permitted by jurisdiction in which this Policy is delivered), which may be contested at any time. We may only contest this Policy under this provision based on material misstatements or omissions in the Application, Supplemental Application, or Reinstatement Application.

**SUICIDE** – If the Insured, whether sane or insane, dies from suicide within 2 years from the Issue Date of this Policy, We are liable only for the return of any premiums received. The provisions of this paragraph shall also apply to an addition of a rider. For 2 years following the date of an addition, We shall be liable only for the return of premiums paid, if any, which result from such addition.

**MISSTATEMENT OF AGE OR SEX** – If there is misstatement of age or sex of the Insured, the Death Benefit shall be that which would have been purchased by the most recent premium at the correct age and sex. Amounts will be based on Our rates on the Issue Date. As used in this Policy, 'age' means age last birthday.

**ASSIGNMENT** – No Assignment will bind Us until recorded at Our [Home Office]. We are not obligated to determine 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. Unless otherwise specified by the Owner, Assignments shall take effect on the date the notice of Assignment is signed by Owner, subject to any payments made or actions taken by Us.

**POWER TO MODIFY** – Only Our president or secretary has the power to: (a) change this Policy; (b) extend the time for payment of premiums; or (c) waive any Policy provisions. Any change in the Policy will be endorsement signed by one of the above-named officers.

**NOTICES** – All Notices, Applications, and other correspondence (including requests for a Policy change) required to be sent to Us under the terms of the Policy, or any attached rider must be mailed or delivered to Our [Home Office] in [Galveston, Texas].

**BASIS OF COMPUTATIONS** – Reserve calculations are based on the mortality tables shown on the Data Page.

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## PREMIUMS

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**PREMIUM PAYMENT** – Premiums will be payable in advance of coverage being effective: (a) while the Insured is living; (b) starting on the Issue Date; (c) during the premium period shown on the Data Page; and (d) at the premium mode and amount shown on the Data Page. Premiums are payable to the [Home Office], or the Company's authorized agent in exchange for an official receipt. The receipt will be signed by the president or secretary and will be countersigned by the agent. The premium mode may be changed with Our consent upon written request. Premiums are guaranteed to remain level and not change during the Guaranteed Period shown on the Data Page.

**GRACE PERIOD** – A Grace Period of 31 days is granted for each premium payment after the first. The Policy stays in force during this period. No interest is charged on the premium payment due during this time. If the Insured dies within the 31 days after the due date of the unpaid premium, one month's premium will be deducted from the Policy proceeds. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE** – If a premium is not paid within the Grace Period, the Policy will terminate on the due date of the first premium payment in default.

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## TERMINATION AND REINSTATEMENT

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**TERMINATION** – Coverage under this Policy will terminate on the first to occur of: (a) the Insured's death; (b) expiration of the Grace Period; or (c) the Term Expiry Date.

**REINSTATEMENT** – You may reinstate this Policy after it has lapsed. All of the following conditions must be met: (a) the reinstatement must be within 5 years of the date of lapse and before the Term Expiry Date; (b) You must give Us any facts We require to prove the Insured is insurable for the Policy at the same classification as on the Issue Date; and (c) all premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

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## RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD

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After the Guaranteed Period shown on the Data Page, You may renew this Policy for successive level term periods of the same duration until the Policy anniversary following the Insured's 80<sup>th</sup> birthday. The premium amount will increase for each level term period. The right to renew this Policy is subject to the following conditions: (a) this Policy must be in full force and effect at the time of renewal; (b) benefits for disability and accidental death, if any, are renewable, subject to the terms and conditions of expiry in the provisions of those benefits; and (c) the first premium of the renewal period is paid within the Grace Period for the next premium due as of the end of the prior year term period.

If the Insured dies within 31 days after a Policy anniversary on which the Policy could be renewed, the Policy will be: (a) automatically renewed; and (b) the amount payable under this Policy will be reduced by one month's premium at the Insured's Attained Age as of the date of death.

The Annual Premium is shown on the Data Page for each level term period. No evidence of insurability is required to renew the Policy.

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## CONVERTIBILITY

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While this Policy is in force, and prior to the Conversion Expiry Date, this Policy may be converted to an individual permanent life insurance Policy. You must send this Policy, the first full premium for the new Policy, and a written Application for Conversion to Us before the Conversion Expiry Date shown on the Data Page. The new Policy amount cannot exceed the Death Benefit of this Policy. The new Policy must be a permanent life insurance policy available from Us and eligible for conversion on the conversion date. The new Policy will contain a Disability Premium Waiver Rider if: (a) it is a whole life Policy; (b) the premiums are payable for life; and (c) this Policy contains a Disability Premium Waiver Rider that is in full force and effect. If the new Policy contains a Disability Premium Waiver Rider, the benefit of that rider will not be effective unless: (a) the total disability started after the new Policy's Issue Date; and (b) the total disability is not the result of an injury, disease, or infection that occurred or existed before the new Policy's Issue Date.

If You request conversion to any other Policy form or that the converted Policy include any other insurance benefit, You must provide Us with any facts we require to provide that the Insured is then insurable. The new Policy will be: (a) effective on the conversion date at the Insured's then Attained Age; and (b) issued at premium rates used by Us on the conversion date for the Insured's mortality class as of the Issue Date of this Policy.

The Incontestability and Suicide provisions attributable to the converted (new) Policy will be effective as of the date of this (original) Policy. If the converted Policy includes additional coverage for which evidence of insurability was provided, a new Incontestability and Suicide provision may apply to that coverage.

**AUTOMATIC CONVERSION PROVISION** – If this Policy contains a Disability Premium Waiver and premiums are being waived under it on the Conversion Expiry Date of this Policy, it will be automatically converted to a new Policy. The new Policy will be: (a) a whole life insurance Policy with premiums payable for life; (b) for an amount equal to the amount of the Death Benefit on this Policy; (c) effective on the Conversion Expiry Date of this Policy; (d) issued at the Insured's then Attained Age; and (e) issued on a form and at premium rates in use by Us at the date of conversion. We will waive premiums on the new Policy while total disability continues. If total disability ceases, any premiums due after the total disability has ceased will be payable according to the terms of the new Policy.

The Incontestability and Suicide provisions attributable to the converted (new) Policy will be effective as of the date of this (original) Policy. If the converted Policy includes additional coverage for which evidence of insurability was provided, a new Incontestability and Suicide provision may apply to that coverage.

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## PROCEEDS TO BE PAID

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**PAYMENT OF DEATH BENEFIT** – Any proceeds payable under the terms of this Policy are subject to any adjustments provided in the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy. The Proceeds are payable to the Beneficiary upon receipt by Us of satisfactory Proof of Death of the Insured while this Policy is in force and are equal to: (a) the Death Benefit; plus (b) any additional life insurance proceeds provided by any riders; plus (c) any premium paid by You past the end of the Policy Month of the Insured's death; minus (d) any unpaid Premium that may apply during a Grace Period. Premiums waived under any waiver of premium rider attached to the Policy will not be included in the adjustment.

If Death Benefit proceeds are not paid within thirty days from the date of Our receipt of due Proof of Death and determination of the right of the claimant to the Proceeds, then such Proceeds, including both the Death benefit and any refund of premiums at death, will be paid with interest from the date of death to the date of payment. The interest will be calculated at an effective rate at least as great as required by law. Proceeds may be paid in one sum or under the Settlement Options provision of this Policy.

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## SETTLEMENT OPTIONS

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**AVAILABILITY OF SETTLEMENT OPTIONS** – All or a 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 taxing authority. The remaining amount is the net sum payable. Other options can be used if agreed to by Us. If You have not elected a settlement option before the Insured's death, the Beneficiary may choose one. Any settlement option election must be written in a form that satisfies Us. Our consent is required for any of the following: (a) any payment to joint or successive Payees; (b) any payment to a corporation, association, partnership, trustee, or estate; or (c) any change in an option previously elected. We do not have to apply an option on a net sum payable of less than \$5,000 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 or 20 years under Table C. Under Table D, there is no fixed period; installments are payable as long as the Payee lives. Interest is credited at the effective rate of 1.5% per year.

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: (a) the net sum payable; plus (b) interest at the effective rate of 1.5% per year; plus (c) 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, the Payee may withdraw an amount of at least \$100.00 from the amount held by Us. If the amount We hold falls below \$2,000.00, We will pay the entire amount 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. Under Option 4, 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: (a) change the payments to quarterly, semi-annual or annual basis; or (b) 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 same effective interest rate We used to compute the settlement option payment 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 have started, We will: (a) under Options 1 and 2, pay the commuted value of any unpaid fixed period payments to the Payee's estate; or (b) 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 (no projection scale used) and 1.5% interest. The attained age of the Payee when the settlement option is elected 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 annuities.

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**SETTLEMENT OPTION TABLES**

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**OPTION 1 – TABLE A**

**MONTHLY PAYMENTS FOR EACH \$1,000.00 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

**OPTION 2 – TABLES B, C, AND D**

**MONTHLY PAYMENTS 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.

AGE IN YEARS	TABLE B Guaranteed Period 10 Years	TABLE C Guaranteed Period 20 Years	TABLE D Life Only	AGE IN YEARS	TABLE B Guaranteed Period 10 Years	TABLE C Guaranteed Period 20 Years	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	3.37
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	4.86	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	5.54	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	7.08	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



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

HOME OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]  
ADMINISTRATIVE OFFICE: [ONE MOODY PLAZA, GALVESTON TX 77550]  
TELEPHONE NUMBER [(409) 763-4661]

**INDIVIDUAL LEVEL TERM LIFE INSURANCE POLICY WITH CONVERSION PRIVILEGE EXPIRING AT AGE 65**

- Face amount payable at Insured's death prior to the Expiry Date.
- Premiums payable during the life of Insured until the Expiry Date.
- Renewable.
- Convertible as provided herein.
- Nonparticipating. Dividends are not payable.
- Death Benefit payable in lump sum or as described in the Settlement Options provision.

DATA PAGE

<b>POLICY NUMBER</b>	[12345678]	[JANUARY 1, 2009]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN OWNER]	\$ [100,000]	<b>FACE AMOUNT</b>

INSURED

<b>INSURED NAME</b>	[JANE INSURED]	[35]	<b>ISSUE AGE</b>
<b>CLASS</b>	[STANDARD NON-SMOKER]	[FEMALE]	<b>SEX</b>
<b>[RATING]</b>	[RATING TYPE]	[RATING EXPIRY DATE]	<b>[RATING EXPIRY DATE]</b>

PREMIUMS AND RIDERS

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
BUDGETGUARD 7 YR TERM TO AGE 80	[ \$ 182.00]	[45]
Form LCT09DM[(XX)]		
Guaranteed Period 7 Years		
Term Expiry Date [January 1, 2054]		
Conversion Expiry Date [January 1, 2039]		
[NAME OF A RIDER]	[Rider Prem]	[ ]
Form [Rider Form Number]		

**TOTAL INITIAL ANNUAL PREMIUM** [ \$ 182.00]

**TOTAL PREMIUMS FOR THE GUARANTEED PERIOD**

INCLUDES PREMIUMS FOR Form LCT09DM[(XX)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[48.00]  
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>SPECIAL MONTHLY</b>
[ \$ 182.00]	[ \$ 91.00]	[ \$ 46.00]	[ \$ 15.00]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE **RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD** PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

**BASIS OF CALCULATIONS**

**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.



DATA PAGE

POLICY NUMBER [12345678] [JANUARY 1, 2009] ISSUE DATE
OWNER [JOHN OWNER] \$ [100,000] FACE AMOUNT

INSURED

INSURED NAME [JANE INSURED] [35] ISSUE AGE
CLASS [STANDARD NON-SMOKER] [FEMALE] SEX
[RATING] [RATING TYPE] [RATING EXPIRY DATE] [RATING EXPIRY DATE]

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION INITIAL ANNUAL PREMIUM YEARS PAYABLE
LIFEGUARD 10 YR TERM TO AGE 80 [\$ 204.00] [45]
Form LCT09DM[(XX)]
Guaranteed Period 10 Years
Term Expiry Date [January 1, 2054]
Conversion Expiry Date [January 1, 2039]
[NAME OF A RIDER] [Rider Prem] [ ]
Form [Rider Form Number]

TOTAL INITIAL ANNUAL PREMIUM [\$ 204.00]

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD

INCLUDES PREMIUMS FOR Form LCT09DM[(XX)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[48.00]
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL SEMI-ANNUAL QUARTERLY SPECIAL MONTHLY
[\$ 204.00] [\$ 102.00] [\$ 51.00] [\$ 17.00]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS
AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE RENEWABILITY AFTER THE
INITIAL LEVEL TERM PERIOD PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS
SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

BASIS OF CALCULATIONS

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.



DATA PAGE

POLICY NUMBER [12345678] [JANUARY 1, 2009] ISSUE DATE  
OWNER [JOHN OWNER] \$ [100,000] FACE AMOUNT

INSURED

INSURED NAME [JANE INSURED] [35] ISSUE AGE  
CLASS [STANDARD NON-SMOKER] [FEMALE] SEX  
[RATING] [RATING TYPE] [RATING EXPIRY DATE] [RATING EXPIRY DATE]

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION INITIAL ANNUAL PREMIUM YEARS PAYABLE  
BUDGETGUARD 15 YR TERM TO AGE 80 [\$ 238.00] [45]  
Form Form LCT09DM[(XX)]  
Guaranteed Period 15 Years  
Term Expiry Date [January 1, 2054]  
Conversion Expiry Date [January 1, 2039]  
[NAME OF A RIDER] [Rider Prem] [ ]  
Form [Rider Form Number]

TOTAL INITIAL ANNUAL PREMIUM [\$ 238.00]

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD

INCLUDES PREMIUMS FOR Form LCT09DM[(XX)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[48.00]  
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL SEMI-ANNUAL QUARTERLY SPECIAL MONTHLY  
[\$ 238.00] [\$ 119.00] [\$ 60.00] [\$ 20.00]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

BASIS OF CALCULATIONS

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.

**DATA PAGE CONTINUED**

**POLICY NUMBER** [12345678]                      **INSURED** [JOHN ANICO]                      **[FEMALE]**    **[35]**

**TABLE OF RENEWAL PREMIUMS**

<b>AGE AT RENEWAL</b>	<b>ANNUAL PREMIUM</b>	<b>RIDER(S)</b>	<b>TOTAL</b>
[35	\$[238.00	\$ [0.00	\$[238.00
36	\$238.00	\$ 0.00	\$238.00
37	\$238.00	\$ 0.00	\$238.00
38	\$238.00	\$ 0.00	\$238.00
39	\$238.00	\$ 0.00	\$238.00
40	\$238.00	\$ 0.00	\$238.00
41	\$238.00	\$ 0.00	\$238.00
42	\$238.00	\$ 0.00	\$238.00
43	\$238.00	\$ 0.00	\$238.00
44	\$238.00	\$ 0.00	\$238.00
45	\$238.00	\$ 0.00	\$238.00
46	\$238.00	\$ 0.00	\$238.00
47	\$238.00	\$ 0.00	\$238.00
48	\$238.00	\$ 0.00	\$238.00
49	\$238.00	\$ 0.00	\$238.00
50	\$824.00	\$ 0.00	\$824.00
51	\$896.00	\$ 0.00	\$896.00
52	\$984.00	\$ 0.00	\$984.00
53	\$1,085.00	\$ 0.00	\$1,085.00
54	\$1,214.00	\$ 0.00	\$1,214.00
55	\$1,358.00	\$ 0.00	\$1,358.00
56	\$1,506.00	\$ 0.00	\$1,506.00
57	\$1,650.00	\$ 0.00	\$1,650.00
58	\$1,794.00	\$ 0.00	\$1,794.00
59	\$1,963.00	\$ 0.00	\$1,963.00
60	\$2,168.00	\$ 0.00	\$2,168.00
61	\$2,417.00	\$ 0.00	\$2,417.00
62	\$2,708.00	\$ 0.00	\$2,708.00
63	\$3,025.00	\$ 0.00	\$3,025.00
64	\$3,356.00	\$ 0.00	\$3,356.00
65	\$3,700.00	\$ 0.00	\$3,700.00
66	\$4,049.00	\$ 0.00	\$4,049.00
67	\$4,413.00	\$ 0.00	\$4,413.00
68	\$4,798.00	\$ 0.00	\$4,798.00
69	\$5,230.00	\$ 0.00	\$5,230.00
70	\$5,734.00	\$ 0.00	\$5,734.00
71	\$6,346.00	\$ 0.00	\$6,346.00
72	\$7,061.00	\$ 0.00	\$7,061.00
73	\$7,815.00	\$ 0.00	\$7,815.00
74	\$8,625.00	\$ 0.00	\$8,625.00
75	\$9,507.00	\$ 0.00	\$9,507.00
76	\$10,502.00	\$ 0.00	\$10,502.00
77	\$11,658.00	\$ 0.00	\$11,658.00
78	\$13,001.00	\$ 0.00	\$13,001.00
79]	\$14,507.00]	\$ 0.00]	\$14,507.00]

DATA PAGE

POLICY NUMBER [12345678] [JANUARY 1, 2009] ISSUE DATE  
OWNER [JOHN OWNER] \$ [100,000] FACE AMOUNT

INSURED

INSURED NAME [JANE INSURED] [35] ISSUE AGE  
CLASS [STANDARD NON-SMOKER] [FEMALE] SEX  
[RATING] [RATING TYPE] [RATING EXPIRY DATE] [RATING EXPIRY DATE]

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION INITIAL ANNUAL PREMIUM YEARS PAYABLE  
BUDGETGUARD 20 YR TERM TO AGE 80 [\$ 318.00] [45]  
Form Form LCT09DM[(XX)]  
Guaranteed Period 20 Years  
Term Expiry Date [January 1, 2054]  
Conversion Expiry Date [January 1, 2039]  
[NAME OF A RIDER] [Rider Prem] [ ]  
Form [Rider Form Number]

TOTAL INITIAL ANNUAL PREMIUM [\$ 319.00]

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD

INCLUDES PREMIUMS FOR Form LCT09DM[(XX)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[48.00]  
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL SEMI-ANNUAL QUARTERLY SPECIAL MONTHLY  
[\$ 318.00] [\$ 159.00] [\$ 80.00] [\$ 26.00]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

BASIS OF CALCULATIONS

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.



DATA PAGE

POLICY NUMBER [12345678] [JANUARY 1, 2009] ISSUE DATE  
OWNER [JOHN OWNER] \$ [100,000] FACE AMOUNT

INSURED

INSURED NAME [JANE INSURED] [67] ISSUE AGE  
CLASS [STANDARD NON-SMOKER] [FEMALE] SEX  
[RATING] [RATING TYPE] [RATING EXPIRY DATE] [RATING EXPIRY DATE]

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION INITIAL ANNUAL PREMIUM YEARS PAYABLE  
LIFEGUARD 6 YR TERM TO AGE 80 [\$ 550.20] [13]  
Form Form LNCT09DM[(XX)]  
Guaranteed Period 6 Years  
Term Expiry Date [January 1, 2022]

[NAME OF A RIDER] [Rider Prem] [ ]  
Form [Rider Form Number]

TOTAL INITIAL ANNUAL PREMIUM [\$ 550.20]

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD

INCLUDES PREMIUMS FOR Form LNCT09DM[(XX)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[48.00]  
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL SEMI-ANNUAL QUARTERLY SPECIAL MONTHLY  
[\$ 550.20] [\$ 275.10] [\$ 137.55] [\$ 45.85]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE **RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD** PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

BASIS OF CALCULATIONS

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.



DATA PAGE

POLICY NUMBER [12345678] [JANUARY 1, 2009] ISSUE DATE  
OWNER [JOHN OWNER] \$ [100,000] FACE AMOUNT

INSURED

INSURED NAME [JANE INSURED] [35] ISSUE AGE  
CLASS [STANDARD NON-SMOKER] [FEMALE] SEX  
[RATING] [RATING TYPE] [RATING EXPIRY DATE] [RATING EXPIRY DATE]

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION INITIAL ANNUAL PREMIUM YEARS PAYABLE  
QUICKGUARD 5 YR TERM TO AGE 80 [\$ 309.00] [45]  
Form Form RCT09DM[(XX)]  
Guaranteed Period 5 Years  
Term Expiry Date [January 1, 2054]  
Conversion Expiry Date [January 1, 2039]  
[NAME OF A RIDER] [Rider Prem] [ ]  
Form [Rider Form Number]

TOTAL INITIAL ANNUAL PREMIUM [\$ 309.00]

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD

INCLUDES PREMIUMS FOR Form RCT09DM[(XX)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[48.00]  
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL SEMI-ANNUAL QUARTERLY SPECIAL MONTHLY  
[\$ 309.00] [\$ 154.40] [\$ 77.25] [\$ 25.75]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

BASIS OF CALCULATIONS

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.



SERFF Tracking Number: AMNA-126425223 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number: 44510  
 Company Tracking Number: AD - TERM  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: AD - TERM  
 Project Name/Number: AD - TERM/AD - TERM

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR - Certification of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> application is being finalized and will be filed in the near future. the filed policy forms will not be used until the application has been approved. The application form number will be Form 10291		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Variable Material Memoranda		
<b>Comments:</b>		
<b>Attachments:</b>		
MEMORANDUM OF VARIABLE MATERIAL - LCT09DM.pdf		
MEMORANDUM OF VARIABLE MATERIAL - LNCT09DM.pdf		
MEMORANDUM OF VARIABLE MATERIAL - RCT09DM.pdf		
MEMORANDUM OF VARIABLE MATERIAL - Form LCT09DM-DPS7.pdf		
MEMORANDUM OF VARIABLE MATERIAL - Form LCT09DM-DPS10.pdf		
MEMORANDUM OF VARIABLE MATERIAL - Form LCT09DM-DPS15.pdf		
MEMORANDUM OF VARIABLE MATERIAL - Form LCT09DM-DPS20.pdf		
MEMORANDUM OF VARIABLE MATERIAL - Form LNCT09DM-DPS6.pdf		
MEMORANDUM OF VARIABLE MATERIAL - Form RCT09DM-DPS5.pdf		



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## CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19  
Rule & Regulation 49  
ACA 23-79-138 and Bulletin 11-88  
ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form LCT09DM(10)	Individual Level Term Life Insurance Policy with Conversion Privilege Expiring At Age 65	50.1
Form LNCT09DM(10)	Individual Level Term Life Insurance Policy	52.3
Form RCT09DM(10)	Individual Level Term Life Insurance Policy with Conversion Privilege Expiring At Age 65	50.1

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Rex D. Hemme  
Vice President & Actuary  
American National Insurance Company



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**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LCT09DM  
December 18, 2009**

This memorandum was prepared for use with Form LCT09DM, an individual term life policy for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Insured  
Face Amount  
Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.



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**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LNCT09DM  
December 18, 2009**

This memorandum was prepared for use with Form LNCT09DM, an individual term life policy for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Insured  
Face Amount  
Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.



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**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form RCT09DM  
December 18, 2009**

This memorandum was prepared for use with Form RCT09DM, an individual term life policy for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Insured  
Face Amount  
Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LCT09DM-DPS7  
December 18, 2009**

This memorandum was prepared for use with Form LCT09DM-DPS7, a specifications page used in conjunction with an individual term life policy (Form LCT09DM) for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form also contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Face Amount – will be the policy's face amount. The applicable range for this product is minimum \$16,000 and maximum \$250,000.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 18 and maximum of 65.

Sex – the policy is issued on a sex distinct basis. The applicable values for this field will be male or female.

The information printed in the above fields will vary on an individual basis, and where applicable will be as stated in the application. The information within the fields will be established on the date of issue and will not change during the lifetime of the policy, with the exception of the Owner's name, which can be changed in accordance with the policy's provisions.

The additional variable fields are as follows:

Class – will display the class of the Insured. The applicable values for this field are:

Standard Non-Smoker

Standard Smoker

Rating – If a rating is applied to the policy, the "Rating" field name, and the applied rating type will display. The possible rating that can be applied is:

Table 1 through 6

Rating Expiry Date – If a rating, as described above, is applied, the "Rating Expiry Date" field will also display. This field will display the date on which the rating will cease. If the rating is permanent, the date will be the same as the Term Expiry Date.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the face amount of the policy, and includes the amount of the policy fee.

Years Payable – the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 80<sup>th</sup> birthday.

Term Expiry Date – the date coverage under the policy expire, which is the policy anniversary following the Insured’s 80<sup>th</sup> birthday.

Conversion Expiry Date – the date the conversion privilege expires, which is the policy anniversary following the Insured’s 65<sup>th</sup> birthday.

Rider Information – if any riders are present, the rider name, form number, premium, years payable will be displayed following the base policy’s information. At this time, no riders have been filed for approval. When a rider is filed for approval, a sample data page with the appropriate information displayed will be submitted. The information is shown on the submitted data page as an illustrative element only at this time.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee Amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – will display the premium mode selected at the time of issue by the owner. Applicable ranges for the mode is: Annual, Semi-Annual, Quarterly, or Special Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Renewal Premiums – the table will display the amount of the annual premium for renewal years based on the Insured’s information for the applicable Attained Age and Face Amount. The table will also display renewal premiums for each renewal age for any applicable riders.

The above listed variable fields will only be updated in accordance with the department’s standards regarding Variability of Information, and when applicable will be filed for prior approval.

Any change or modification will be limited to only new issues and shall not apply to in force policies.

**Special Variable Item:**

The Form number field contains a variable notation for the suffix of the policy form number. This is a special item. This product filing is submitted across multiple states. In some instances, a special state variation of the policy form, specific to one state, may be required. In such event, the ‘special’ policy form will be assigned a new form number, specific to that state. The special state indicator is a two-digit, numerical state code. If a special state variation is not required, no suffix is added. In no event will an unapproved form number be used, the form number will only be varied at the state level.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LCT09DM-DPS10  
December 18, 2009**

This memorandum was prepared for use with Form LCT09DM-DPS10, a specifications page used in conjunction with an individual term life policy (Form LCT09DM) for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form also contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Face Amount – will be the policy's face amount. The applicable range for this product is minimum \$16,000 and maximum \$150,000.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 18 and maximum of 64.

Sex – the policy is issued on a sex distinct basis. The applicable values for this field will be male or female.

The information printed in the above fields will vary on an individual basis, and where applicable will be as stated in the application. The information within the fields will be established on the date of issue and will not change during the lifetime of the policy, with the exception of the Owner's name, which can be changed in accordance with the policy's provisions.

The additional variable fields are as follows:

Class – will display the class of the Insured. The applicable values for this field are:

Standard Non-Smoker

Standard Smoker

Rating – If a rating is applied to the policy, the "Rating" field name, and the applied rating type will display. The possible rating that can be applied is:

Table 1 through 6

Rating Expiry Date – If a rating, as described above, is applied, the "Rating Expiry Date" field will also display. This field will display the date on which the rating will cease. If the rating is permanent, the date will be the same as the Term Expiry Date.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the face amount of the policy, and includes the amount of the policy fee.

Years Payable – the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 80<sup>th</sup> birthday.

Term Expiry Date – the date coverage under the policy expire, which is the policy anniversary following the Insured’s 80<sup>th</sup> birthday.

Conversion Expiry Date – the date the conversion privilege expires, which is the policy anniversary following the Insured’s 65<sup>th</sup> birthday.

Rider Information – if any riders are present, the rider name, form number, premium, years payable will be displayed following the base policy’s information. At this time, no riders have been filed for approval. When a rider is filed for approval, a sample data page with the appropriate information displayed will be submitted. The information is shown on the submitted data page as an illustrative element only at this time.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee Amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – will display the premium mode selected at the time of issue by the owner. Applicable ranges for the mode is: Annual, Semi-Annual, Quarterly, or Special Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Renewal Premiums – the table will display the amount of the annual premium for renewal years based on the Insured’s information for the applicable Attained Age and Face Amount. The table will also display renewal premiums for each renewal age for any applicable riders.

The above listed variable fields will only be updated in accordance with the department’s standards regarding Variability of Information, and when applicable will be filed for prior approval.

Any change or modification will be limited to only new issues and shall not apply to in force policies.

**Special Variable Item:**

The Form number field contains a variable notation for the suffix of the policy form number. This is a special item. This product filing is submitted across multiple states. In some instances, a special state variation of the policy form, specific to one state, may be required. In such event, the ‘special’ policy form will be assigned a new form number, specific to that state. The special state indicator is a two-digit, numerical state code. If a special state variation is not required, no suffix is added. In no event will an unapproved form number be used, the form number will only be varied at the state level.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LCT09DM-DPS15  
December 18, 2009**

This memorandum was prepared for use with Form LCT09DM-DPS15, a specifications page used in conjunction with an individual term life policy (Form LCT09DM) for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form also contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Face Amount – will be the policy's face amount. The applicable range for this product is minimum \$16,000 and maximum \$250,000.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 18 and maximum of 63.

Sex – the policy is issued on a sex distinct basis. The applicable values for this field will be male or female.

The information printed in the above fields will vary on an individual basis, and where applicable will be as stated in the application. The information within the fields will be established on the date of issue and will not change during the lifetime of the policy, with the exception of the Owner's name, which can be changed in accordance with the policy's provisions.

The additional variable fields are as follows:

Class – will display the class of the Insured. The applicable values for this field are:

Standard Non-Smoker  
Standard Smoker

Rating – If a rating is applied to the policy, the "Rating" field name, and the applied rating type will display. The possible rating that can be applied is:

Table 1 through 6

Rating Expiry Date – If a rating, as described above, is applied, the "Rating Expiry Date" field will also display. This field will display the date on which the rating will cease. If the rating is permanent, the date will be the same as the Term Expiry Date.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the face amount of the policy, and includes the amount of the policy fee.

Years Payable – the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 80<sup>th</sup> birthday.

Term Expiry Date – the date coverage under the policy expire, which is the policy anniversary following the Insured’s 80<sup>th</sup> birthday.

Conversion Expiry Date – the date the conversion privilege expires, which is the policy anniversary following the Insured’s 65<sup>th</sup> birthday.

Rider Information – if any riders are present, the rider name, form number, premium, years payable will be displayed following the base policy’s information. At this time, no riders have been filed for approval. When a rider is filed for approval, a sample data page with the appropriate information displayed will be submitted. The information is shown on the submitted data page as an illustrative element only at this time.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee Amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – will display the premium mode selected at the time of issue by the owner. Applicable ranges for the mode is: Annual, Semi-Annual, Quarterly, or Special Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Renewal Premiums – the table will display the amount of the annual premium for renewal years based on the Insured’s information for the applicable Attained Age and Face Amount. The table will also display renewal premiums for each renewal age for any applicable riders.

The above listed variable fields will only be updated in accordance with the department’s standards regarding Variability of Information, and when applicable will be filed for prior approval.

Any change or modification will be limited to only new issues and shall not apply to in force policies.

**Special Variable Item:**

The Form number field contains a variable notation for the suffix of the policy form number. This is a special item. This product filing is submitted across multiple states. In some instances, a special state variation of the policy form, specific to one state, may be required. In such event, the ‘special’ policy form will be assigned a new form number, specific to that state. The special state indicator is a two-digit, numerical state code. If a special state variation is not required, no suffix is added. In no event will an unapproved form number be used, the form number will only be varied at the state level.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LCT09DM-DPS20  
December 18, 2009**

This memorandum was prepared for use with Form LCT09DM-DPS20, a specifications page used in conjunction with an individual term life policy (Form LCT09DM) for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form also contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Face Amount – will be the policy's face amount. The applicable range for this product is minimum \$25,000 and maximum \$250,000.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 18 and maximum of 55.

Sex – the policy is issued on a sex distinct basis. The applicable values for this field will be male or female.

The information printed in the above fields will vary on an individual basis, and where applicable will be as stated in the application. The information within the fields will be established on the date of issue and will not change during the lifetime of the policy, with the exception of the Owner's name, which can be changed in accordance with the policy's provisions.

The additional variable fields are as follows:

Class – will display the class of the Insured. The applicable values for this field are:

Standard Non-Smoker

Standard Smoker

Rating – If a rating is applied to the policy, the "Rating" field name, and the applied rating type will display. The possible rating that can be applied is:

Table 1 through 6

Rating Expiry Date – If a rating, as described above, is applied, the "Rating Expiry Date" field will also display. This field will display the date on which the rating will cease. If the rating is permanent, the date will be the same as the Term Expiry Date.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the face amount of the policy, and includes the amount of the policy fee.

Years Payable – the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 80<sup>th</sup> birthday.

Term Expiry Date – the date coverage under the policy expire, which is the policy anniversary following the Insured’s 80<sup>th</sup> birthday.

Conversion Expiry Date – the date the conversion privilege expires, which is the policy anniversary following the Insured’s 65<sup>th</sup> birthday.

Rider Information – if any riders are present, the rider name, form number, premium, years payable will be displayed following the base policy’s information. At this time, no riders have been filed for approval. When a rider is filed for approval, a sample data page with the appropriate information displayed will be submitted. The information is shown on the submitted data page as an illustrative element only at this time.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee Amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – will display the premium mode selected at the time of issue by the owner. Applicable ranges for the mode is: Annual, Semi-Annual, Quarterly, or Special Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Renewal Premiums – the table will display the amount of the annual premium for renewal years based on the Insured’s information for the applicable Attained Age and Face Amount. The table will also display renewal premiums for each renewal age for any applicable riders.

The above listed variable fields will only be updated in accordance with the department’s standards regarding Variability of Information, and when applicable will be filed for prior approval.

Any change or modification will be limited to only new issues and shall not apply to in force policies.

**Special Variable Item:**

The Form number field contains a variable notation for the suffix of the policy form number. This is a special item. This product filing is submitted across multiple states. In some instances, a special state variation of the policy form, specific to one state, may be required. In such event, the ‘special’ policy form will be assigned a new form number, specific to that state. The special state indicator is a two-digit, numerical state code. If a special state variation is not required, no suffix is added. In no event will an unapproved form number be used, the form number will only be varied at the state level.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form LNCT09DM-DPS6  
December 18, 2009**

This memorandum was prepared for use with Form LNCT09DM-DPS6, a specifications page used in conjunction with an individual term life policy (Form LNCT09DM) for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form also contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Face Amount – will be the policy's face amount. The applicable range for this product is minimum \$16,000 and maximum \$25,000.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 65 and maximum of 70.

Sex – the policy is issued on a sex distinct basis. The applicable values for this field will be male or female.

The information printed in the above fields will vary on an individual basis, and where applicable will be as stated in the application. The information within the fields will be established on the date of issue and will not change during the lifetime of the policy, with the exception of the Owner's name, which can be changed in accordance with the policy's provisions.

The additional variable fields are as follows:

Class – will display the class of the Insured. The applicable values for this field are:

Standard Non-Smoker

Standard Smoker

Rating – If a rating is applied to the policy, the "Rating" field name, and the applied rating type will display. The possible rating that can be applied is:

Table 1 through 6

Rating Expiry Date – If a rating, as described above, is applied, the "Rating Expiry Date" field will also display. This field will display the date on which the rating will cease. If the rating is permanent, the date will be the same as the Term Expiry Date.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the face amount of the policy, and includes the amount of the policy fee.

Years Payable – the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 80<sup>th</sup> birthday.

Term Expiry Date – the date coverage under the policy expire, which is the policy anniversary following the Insured’s 80<sup>th</sup> birthday.

Rider Information – if any riders are present, the rider name, form number, premium, years payable will be displayed following the base policy’s information. At this time, no riders have been filed for approval. When a rider is filed for approval, a sample data page with the appropriate information displayed will be submitted. The information is shown on the submitted data page as an illustrative element only at this time.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee Amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – will display the premium mode selected at the time of issue by the owner. Applicable ranges for the mode is: Annual, Semi-Annual, Quarterly, or Special Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Renewal Premiums – the table will display the amount of the annual premium for renewal years based on the Insured’s information for the applicable Attained Age and Face Amount. The table will also display renewal premiums for each renewal age for any applicable riders.

The above listed variable fields will only be updated in accordance with the department’s standards regarding Variability of Information, and when applicable will be filed for prior approval.

Any change or modification will be limited to only new issues and shall not apply to in force policies.

**Special Variable Item:**

The Form number field contains a variable notation for the suffix of the policy form number. This is a special item. This product filing is submitted across multiple states. In some instances, a special state variation of the policy form, specific to one state, may be required. In such event, the ‘special’ policy form will be assigned a new form number, specific to that state. The special state indicator is a two-digit, numerical state code. If a special state variation is not required, no suffix is added. In no event will an unapproved form number be used, the form number will only be varied at the state level.



**MEMORANDUM OF VARIABLE MATERIAL FOR  
Form RCT09DM-DPS5  
December 18, 2009**

This memorandum was prepared for use with Form RCT09DM-DPS5, a specifications page used in conjunction with an individual term life policy (Form RCT09DM) for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

**Variable Material**

The form also contains the following variable fields, considered illustrative:

Policy Number – will be a unique identifying number systematically assigned by the company.

Issue Date – will be the date the policy was issued by the company.

Owner – will be the Owner's name as provided in the application.

Face Amount – will be the policy's face amount. The applicable range for this product is minimum \$16,000 and maximum \$150,000.

Insured Name – will be the Insured's name as provided in the application.

Issue Age – will be the Insured's age. The applicable range for this product is a minimum of 18 and maximum of 65.

Sex – the policy is issued on a sex distinct basis. The applicable values for this field will be male or female.

The information printed in the above fields will vary on an individual basis, and where applicable will be as stated in the application. The information within the fields will be established on the date of issue and will not change during the lifetime of the policy, with the exception of the Owner's name, which can be changed in accordance with the policy's provisions.

The additional variable fields are as follows:

Class – will display the class of the Insured. The applicable values for this field are:

Standard Non-Smoker  
Standard Smoker

Rating – If a rating is applied to the policy, the "Rating" field name, and the applied rating type will display. The possible rating that can be applied is:

Table 1 through 6

Rating Expiry Date – If a rating, as described above, is applied, the "Rating Expiry Date" field will also display. This field will display the date on which the rating will cease. If the rating is permanent, the date will be the same as the Term Expiry Date.

Initial Annual Premium – will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information, the face amount of the policy, and includes the amount of the policy fee.

Years Payable – the total number of years premiums are payable. This number will be equal to the number of years until the policy year following the Insured's 80<sup>th</sup> birthday.

Term Expiry Date – the date coverage under the policy expire, which is the policy anniversary following the Insured’s 80<sup>th</sup> birthday.

Conversion Expiry Date – the date the conversion privilege expires, which is the policy anniversary following the Insured’s 65<sup>th</sup> birthday.

Rider Information – if any riders are present, the rider name, form number, premium, years payable will be displayed following the base policy’s information. At this time, no riders have been filed for approval. When a rider is filed for approval, a sample data page with the appropriate information displayed will be submitted. The information is shown on the submitted data page as an illustrative element only at this time.

Total Initial Annual Premium – is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee Amount – the policy fee for this product is currently \$48.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode – will display the premium mode selected at the time of issue by the owner. Applicable ranges for the mode is: Annual, Semi-Annual, Quarterly, or Special Monthly.

Modal Premium Amounts – will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Table of Renewal Premiums – the table will display the amount of the annual premium for renewal years based on the Insured’s information for the applicable Attained Age and Face Amount. The table will also display renewal premiums for each renewal age for any applicable riders.

The above listed variable fields will only be updated in accordance with the department’s standards regarding Variability of Information, and when applicable will be filed for prior approval.

Any change or modification will be limited to only new issues and shall not apply to in force policies.

**Special Variable Item:**

The Form number field contains a variable notation for the suffix of the policy form number. This is a special item. This product filing is submitted across multiple states. In some instances, a special state variation of the policy form, specific to one state, may be required. In such event, the ‘special’ policy form will be assigned a new form number, specific to that state. The special state indicator is a two-digit, numerical state code. If a special state variation is not required, no suffix is added. In no event will an unapproved form number be used, the form number will only be varied at the state level.