

SERFF Tracking Number: AMNA-126978699 State: Arkansas
 Filing Company: American National Insurance Company State Tracking Number: 47672
 Company Tracking Number: STRETCH
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: STRETCH
 Project Name/Number: /

Filing at a Glance

Company: American National Insurance Company

Product Name: STRETCH

SERFF Tr Num: AMNA-126978699 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-
 Closed State Tr Num: 47672

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: STRETCH

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Tyra Reed

Disposition Date: 01/14/2011

Date Submitted: 01/10/2011

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/14/2011

State Status Changed: 01/14/2011

Deemer Date:

Created By: Tyra Reed

Submitted By: Tyra Reed

Corresponding Filing Tracking Number:

Filing Description:

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

Form 10276 is used upon the death of an original IRA owner or primary beneficiary utilizing a stretch IRA concept, and is completed by the beneficiary of a stretch IRA. This election form is used in lieu of our traditional claim form in order to take advantage of the tax deferral offered by "stretching" an IRA over multiple generations. The election form provides the beneficiary with the distribution options available to continue to the stretch concept.

Form 10277 is completed by the original IRA owner; it is a beneficiary election form for the stretch IRA concept that allows for the owner to name the beneficiary(ies) and select any desired restricted payout options.

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These forms will be used in conjunction with the previously approved annuity application, Form R10039-AR. Form R10039-AR was approved by your department on 10/6/2009 under SERFF Tracking Number AMNA-126182712 and State Tracking Number 43682.

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

- Statement of Variability for each form
- Readability Certification / Certification of Compliance
- The required filing fee in the amount of \$ 100 has been submitted with this filing via EFT.
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$100.00	01/10/2011	43609883

SERFF Tracking Number: AMNA-126978699 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/14/2011	01/14/2011

SERFF Tracking Number: AMNA-126978699 State: Arkansas
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Product Name: STRETCH
Project Name/Number: /

Disposition

Disposition Date: 01/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-126978699 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	IRA Beneficiary Acknowledgement and Election Form		Yes
Form	Supplemental Application – Stretch IRA Beneficiary Designation Form with Restricted Payout		Yes

SERFF Tracking Number: AMNA-126978699 State: Arkansas
 Filing Company: American National Insurance Company State Tracking Number: 47672
 Company Tracking Number: STRETCH
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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 10276	Application/IRA Beneficiary Enrollment Acknowledgement Form and Election Form	Initial		50.100	Form 10276.pdf
	Form 10277	Application/Supplemental Enrollment Application – Stretch Form IRA Beneficiary Designation Form with Restricted Payout	Initial		51.700	Form 10277.pdf



IRA Beneficiary Acknowledgement and Election Form

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

page 1 of 3

Mailing Address:[PO Box 696763, San Antonio, TX 78269]
Phone Number[(800) 252-9546] Fax Number[(409) 766-2022]



This IRA Beneficiary Acknowledgement and Election Form ("this Form") is used to elect a distribution method for an Individual Retirement Annuity ("IRA") *after the death of the IRA Owner or Primary Beneficiary*. If you are a Beneficiary of more than one IRA at American National Insurance Company, you must complete a separate Form for each IRA.

1. Original IRA Owner's Contract Information:

Provide the requested information in section 1 based upon the Original IRA Owner.

Name of Original IRA Owner: Last	First	M.I.	Social Security Number
_____	_____	_____	_____
Original IRA Owner Date of Birth	Original IRA Owner Date of Death	Original IRA Owner IRA Contract Number	
_____	_____	_____	

2. Primary Beneficiary Information:

If you inherited this IRA contract from a Primary Beneficiary then you are a Successor Beneficiary and must complete the Primary Beneficiary information, otherwise skip to Section 3. Distributions will be calculated using the remaining life expectancy of the Primary Beneficiary.

Name of Primary Beneficiary: Last	First	M.I.	Social Security Number
_____	_____	_____	_____
Primary Beneficiary Date of Birth	Primary Beneficiary Date of Death	Primary Beneficiary IRA Contract Number	
_____	_____	_____	

Relationship of Primary Beneficiary to Original IRA Owner

Spouse Non-Spouse

If the Primary Beneficiary was a surviving spouse, did they begin life expectancy payments? Yes No Not Applicable

3. Beneficiary Information:

Your Name: Last	First	M.I.	Social Security Number
_____	_____	_____	_____
Date of Birth	Daytime Telephone Number	Relationship to Deceased	
_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse	
Address	City	State	Zip
_____	_____	_____	_____

Are there multiple beneficiaries?

Yes No

If yes, will separate annuities be established for each beneficiary?

Yes No

If there are multiple beneficiaries, please provide the name and date of birth of the oldest beneficiary.

Last	First	M.I.	Date of Birth
_____	_____	_____	_____

Was there a payment election made by the Original IRA Owner?

Yes No

If yes, what was the election?

Five-Year Rule Life Expectancy Payments



4. Method of Distribution: (Applicable to Primary Beneficiaries only)

Based on your relationship to the Original IRA Owner, please select your preferred distribution method. If the Original IRA contract was issued by American National Insurance Company with a payout restriction, American National Insurance Company will distribute the death benefit in accordance with the restriction.

A. For Spouse Beneficiary – If Required Minimum Distributions have not started.

- Five-Year Rule:** The death benefit is placed in an Inherited IRA, in the Original IRA Owner's name, for the benefit of you. The funds can be withdrawn at any time and for any amount as long as the IRA is depleted by December 31st, five years after the IRA Owner's death. **Important Note. If you elect the Five Year Rule and choose a new annuity contract, the required distribution at the end of the 5 years may be subject to surrender charges and other fees.**
- Life Expectancy Option:** The death benefit is placed in an Inherited IRA, in the Original IRA Owner's name, for the benefit of you. Distributions must begin by December 31st of the year the Original IRA Owner would have reached age 70 ½ or the year following the IRA Owner's death, if later. The annual distributions are spread over your single life expectancy, or the oldest beneficiary's life expectancy in the case of more than one beneficiary, and is determined by that age in the calendar year following the year of death and recalculated each year.

B. For Spouse Beneficiary – If Required Minimum Distributions have started.

- Life Expectancy Option:** The death benefit is placed in an Inherited IRA, in the Original IRA Owner's name, for the benefit of you. Distributions must begin by December 31st of the year following the year of the Original IRA Owner's death. The annual distributions are spread over your single life expectancy or the Original IRA Owner's life expectancy, whichever is longer. If distributions are based upon your single life expectancy, distributions will be recalculated on an annual basis. If distributions are based upon the Original IRA Owner's life expectancy, payments will be based on the life expectancy used to calculate the first payment reduced by one for each successive year.

C. For Non-Spouse Primary Beneficiary – If Required Minimum Distributions have not started.

- Five-Year Rule:** The death benefit is placed in an Inherited IRA, in the Original IRA Owner's name, for the benefit of you. The funds can be withdrawn at any time and for any amount as long as the IRA is depleted by December 31st, five years after the IRA Owner's death. **Important Note. If you elect the Five Year Rule and choose a new annuity contract, the required distribution at the end of the 5 years may be subject to surrender charges and other fees.**
- Life Expectancy Option:** The death benefit is placed in an Inherited IRA, in the Original IRA Owner's name, for the benefit of you. Distributions must begin by December 31st of the year following the Original IRA Owner's death. The annual distributions are spread over your single life expectancy, or the oldest beneficiary's life expectancy in the case of more than one beneficiary and is determined by that age in the calendar year following the year of death and recalculated each year. Payments will be based on the life expectancy used to calculate the first payment reduced by one for each successive year.

D. For Non-Spouse Primary Beneficiary – If Required Minimum Distributions have started.

- Life Expectancy Option:** The death benefit is placed in an Inherited IRA, in the Original IRA Owner's name for the benefit of you. Distributions must begin by December 31st of the year following the year the Original IRA Owner died. The annual distributions are spread over your single life expectancy, or the oldest beneficiary's life expectancy in the case of more than one beneficiary, or the Original IRA Owner's life expectancy, whichever is longer. Payments will be based on the life expectancy used to calculate the first payment reduced by one for each successive year.

5. Distribution Instructions:

Distributions are made by secure ACH payments directly into the account of your choice. If the date of first payment is not specified, American National Insurance Company will distribute the funds on each policy anniversary. A voided check must be provided with this form.

Date of First Payment _____
 Frequency Annual Semi-Annual Quarterly Monthly

6. Withholding Instructions:

How much do you wish to have withheld for Federal and/or States Taxes, if any. If you choose to withhold, the minimum amount American National Insurance Company will withhold is 10%.

- Do not withhold taxes. I understand I am responsible for the payment of estimated taxes and that I may incur penalties if my payments are not enough.
- I want to have _____% Federal Income Tax withheld from the taxable amount of the distribution.
- I want to have _____% State Income Tax withheld from the taxable amount of the distribution.

IRS regulations state that if you do not provide your taxpayer identification number we are required to withhold at the current withholding rate.



7. Terms, Conditions, and Signatures:

I certify that:

1. I understand that pursuant to the Internal Revenue Code (IRC), death benefit distributions can be taken by:
 - a) Lump sum distribution;
 - b) Five Year Rule;
 - c) Life Expectancy Payments; or,
 - d) A spouse may continue the contract.
2. If I choose the Life Expectancy Payment Option, I understand that:
 - a) American National Insurance Company will calculate my RMD each year in accordance with the IRS rules and regulations.
 - b) My RMD must be calculated using all of the interest in my contract. The interest includes the year end account value, plus any value assigned to future benefits, such as certain death and living benefits.
 - c) My RMD amount will increase when the value of my future benefits, if any, is included in the calculation.
3. I understand that my RMD or annuity payment may be paid to me using any payment frequency offered by American National Insurance Company.
4. I understand that I may be subject to a restricted payout election chosen by the deceased. My distribution options are limited to the distribution method selected by the Original IRA Owner.
5. I understand that I may withdraw funds from my contract at any time, subject to any restricted payout option, but I may incur taxes on these withdrawals.
6. I understand that my RMD and any other funds withdrawn may be subject to surrender charges and other fees as described in the contract.
7. I understand that if I elect the Five Year Rule and choose a new annuity contract, I may be subject to surrender charges and other fees upon distribution.
8. American National Insurance Company is not responsible for monitoring the distributions taken from this contract. I understand that it is my duty to ensure that the correct RMD is withdrawn each year. I hold American National Insurance Company harmless from any and all liability that may arise from my failure to withdraw my RMDs.
9. I understand that American National Insurance Company does not provide tax or legal advice. I acknowledge that I am responsible for all tax consequences resulting from my decision to establish or continue an IRA at American National Insurance Company.
10. The required beginning date for IRA holders is April 1st of the calendar year following the year in which the Owner attains age 70 ½.
11. If the deceased died on or after the Required Beginning Date, a comparison is made of the beneficiary's life expectancy and the deceased's remaining life expectancy. The longer life expectancy is used to determine the payout time period.
12. The number shown on this form is my correct taxpayer identification number, or I am waiting for a number to be issued to me.
13. I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding.
 - (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends.
 - (c) the IRS has notified me that I am no longer subject to backup withholding.

You must strike through a, b, and c if you have been notified by the IRS that you are subject to backup withholding.
14. I am a U.S. citizen or resident alien.

Dated at _____ this _____ day of _____, _____.

State Month Year

IRA Beneficiary Signature

Witness Signature



Supplemental Application - Stretch IRA Beneficiary Designation Form with Restricted Payout

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

page 1 of 3

Mailing Address [PO Box 696763, San Antonio, TX 78269-6763]
Phone Number [(800) 252-9546] Fax Number [(409) 766-2022]



This Stretch IRA Beneficiary Designation Form with Restricted Payout (the "Form") should be completed by an IRA Owner who wants to create an extended income strategy for their designated beneficiary(ies). This form may be completed at any time prior to the IRA Owner's death. It may be submitted with an application for a new IRA contract or as a beneficiary change request on an existing IRA contract. **This form will revoke and replace any prior beneficiary designation previously recorded, subject to applicable Irrevocable Beneficiary(ies) signatures.**

As the Owner of an IRA, you have the right to designate the beneficiary(ies) who will receive your IRA death benefits. By designating your beneficiary(ies), you ensure that the death benefit can pass to the beneficiary(ies) without the need for probate. Your IRA contract may allow the beneficiary(ies) to choose from a number of different payout options.

1. Contract Information:

Complete all questions regarding IRA registration.

IRA Contract Number or Application Number: _____

Owner's Name: Last	First	M.I.	SSN or TIN
_____	_____	_____	_____
Date of Birth	Daytime Telephone Number	Email Address	
_____	_____	_____	
Address	City	State	Zip
_____	_____	_____	_____

2. Beneficiary Designation:

Unless otherwise stated, each Primary Beneficiary living at the time of distribution will receive an equal share of the death benefit. If no Primary Beneficiary is living, the death benefit will be shared equally by each living Contingent Beneficiary, unless otherwise indicated.

Beneficiary #1 Primary Beneficiary Contingent Beneficiary

Last Name	First Name	M.I.	Percentage Payable
_____	_____	_____	_____
SSN or TIN	Date of Birth	Relationship to Owner	
_____	_____	_____	

Is this Beneficiary an Irrevocable Beneficiary? Yes No

Death Benefit Restriction (Select only ONE box)

- No Restriction There is no restriction on how the Beneficiary receives the death benefit.
- Full Restriction I restrict the Beneficiary to receive only Life Expectancy payments.
- Partial Restriction I restrict the Beneficiary to receive _____% as a lump sum payment and the remainder shall be distributed as Life Expectancy payments.

Beneficiary #2 Primary Beneficiary Contingent Beneficiary

Last Name	First Name	M.I.	Percentage Payable
_____	_____	_____	_____
SSN or TIN	Date of Birth	Relationship to Owner	
_____	_____	_____	

Is this Beneficiary an Irrevocable Beneficiary? Yes No

Death Benefit Restriction (Select only ONE box)

- No Restriction There is no restriction on how the Beneficiary receives the death benefit.
- Full Restriction I restrict the Beneficiary to receive only Life Expectancy payments.
- Partial Restriction I restrict the Beneficiary to receive _____% as a lump sum payment and the remainder shall be distributed as Life Expectancy payments.


Beneficiary #3 Primary Beneficiary Contingent Beneficiary

Last Name	First Name	M.I.	Percentage Payable
SSN or TIN	Date of Birth	Relationship to Owner	

 Is this Beneficiary an Irrevocable Beneficiary? Yes No

Death Benefit Restriction (Select only ONE box)

- No Restriction There is no restriction on how the Beneficiary receives the death benefit.
- Full Restriction I restrict the Beneficiary to receive only Life Expectancy payments.
- Partial Restriction I restrict the Beneficiary to receive _____% as a lump sum payment and the remainder shall be distributed as Life Expectancy payments.

Beneficiary #4 Primary Beneficiary Contingent Beneficiary

Last Name	First Name	M.I.	Percentage Payable
SSN or TIN	Date of Birth	Relationship to Owner	

 Is this Beneficiary an Irrevocable Beneficiary? Yes No

Death Benefit Restriction (Select only ONE box)

- No Restriction There is no restriction on how the Beneficiary receives the death benefit.
- Full Restriction I restrict the Beneficiary to receive only Life Expectancy payments.
- Partial Restriction I restrict the Beneficiary to receive _____% as a lump sum payment and the remainder shall be distributed as Life Expectancy payments.

3. Disclosures:

1. Upon the death of the IRA Owner and prior to the election of an annuity option, the Beneficiary(ies) may:
 - a. Apply the death benefit to a new annuity contract.
 - b. Settle the existing IRA contract, if available.
2. The Beneficiary(ies) does not have the right to change a death benefit restriction or receive a lump sum payment unless specifically provided in this form.
3. If no Beneficiary is alive when the IRA Owner dies or the Beneficiary(ies) dies while receiving payments, the death benefit will be paid as provided by the contract.
4. If the IRA Owner settles the IRA contract, this Form will be void.
5. If a spouse is the sole Beneficiary of the IRA contract, the spouse may continue the IRA contract as the Owner. This election must be made at the time of the IRA Owner's death by a written statement to American National Insurance Company. If the spouse continues the IRA contract, any death benefit restriction shall be canceled. Spouse includes a domestic partner, civil union spouse or same sex spouse, where recognized.

Important Notice: Federal tax law does not provide favorable tax treatment for same-sex spouses. Same-sex spouses should consult a tax advisor prior to the purchase of any annuity product that provides benefits based upon one's status as a spouse, and prior to the exercise of any spousal rights under an annuity contract.
6. An estate or trust designated as a Beneficiary cannot be restricted.
7. If there is more than one Beneficiary to the IRA contract, individual annuity contracts or settlement certificates, if available, shall be issued to each Beneficiary.
8. If any Beneficiary is a minor, payments due will be made in accordance with state law. If a custodian is not appointed by the state, the death benefit will not be paid until the Beneficiary reaches the age of majority.
9. This Form restricts the options normally available to a Beneficiary(ies). American National Insurance Company or its agents cannot provide legal, tax, or accounting advice. Please consult your tax or legal advisor as to your specific situation.



4. Signatures:

The IRA Owner and any Irrevocable Beneficiary(ies) must sign this Form. If the IRA Owner resides in a Community Property State (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Wisconsin, or Washington) the IRA Owner's spouse must also sign this Form.

This Beneficiary designation shall not take affect until this Form is received and recorded by American National Insurance Company in its Administrative Office. Once recorded, the Beneficiary designation will be effective as of the date the IRA Owner signed this Form, unless otherwise indicated by the IRA Owner.

I declare that the above information is true and correct and I understand that this Form will be attached to and made a part of my application.

Dated at _____ this _____ day of _____, _____
State Month Year

IRA Owner's signature Spousal signature required in community property states

Irrevocable Beneficiary's signature (if applicable) Witness signature

As a restricted Beneficiary, I understand and agree that upon the death of the IRA Owner, I will inherit ownership, either in whole or in part, of the IRA contract. I will be bound by the restrictions designated in this Form and agreed to by me by my signature below. I acknowledge that this Form will convey and become part of any subsequent contract or certificate I select using funds from this inherited IRA contract. Any reference to restrictions in this Form shall remain enforceable restrictions on me for any contract or certificate I subsequently select.

Restricted Beneficiary #1 Restricted Beneficiary #2

Restricted Beneficiary #3 Restricted Beneficiary #4

SERFF Tracking Number: AMNA-126978699 State: Arkansas
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Product Name: STRETCH
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - Certification of Compliance.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

These forms will be used in conjunction with the previously approved annuity application, Form R10039-AR. Form R10039-AR was approved by your department on 10/6/2009 under SERFF Tracking Number AMNA-126182712 and State Tracking Number 43682.

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachments:

MEMORANDUM OF VARIABLE MATERIAL - Form 10276.pdf

MEMORANDUM OF VARIABLE MATERIAL - Form 10277.pdf



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 15-2009
ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form 10276	IRA Beneficiary Acknowledgement and Election Form	50.1
Form 10277	Supplemental Application – Stretch IRA Beneficiary Designation Form with Restricted Payout	51.7

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



**MEMORANDUM OF VARIABLE MATERIAL for
Form 10276
January 10, 2011**

This memorandum was prepared for use with Form 10276, the IRA Beneficiary Acknowledgement and Election Form for American National Insurance Company. Variable material contained in the form is denoted by the use of brackets and the variable fields are as follows:

Home Office Address: (Street, City, State and Zip Code) This field will display the physical address for our home office.

Mailing Address: (Street and/or P.O. Box, City, State and Zip Code) This field will display the physical address and/or post office box to which completed forms may be mailed.

Phone Number: This field will provide a telephone number for which clients completing the form may call for questions.

Fax Number: This field will provide a fax number to which completed forms may be sent.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable material.
- The use of variable material will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination.
- Where text is variable, only the text included in this memorandum will be allowed to be used on the referenced forms received by consumers.
- Any changes to the variable material or the permissible ranges of values will be submitted for approval prior to implementation when required.



**MEMORANDUM OF VARIABLE MATERIAL for
Form 10277
January 10, 2011**

This memorandum was prepared for use with Form 10277, the Supplemental Application – Stretch IRA Beneficiary Designation Form with Restricted Payout for American National Insurance Company. Variable material contained in the form is denoted by the use of brackets and the variable fields are as follows:

Home Office Address: (Street, City, State and Zip Code) This field will display the physical address for our home office.

Mailing Address: (Street and/or P.O. Box, City, State and Zip Code) This field will display the physical address and/or post office box to which completed forms may be mailed.

Phone Number: This field will provide a telephone number for which clients completing the form may call for questions.

Fax Number: This field will provide a fax number to which completed forms may be sent.

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- Where text is variable, only the text included in this memorandum will be allowed to be used on the referenced forms received by consumers.
- Any changes to the variable material or the permissible ranges of values will be submitted for approval prior to implementation when required.