

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ART12  
Project Name/Number: ART12/

## Filing at a Glance

Company: American National Insurance Company

Product Name: ART12

SERFF Tr Num: AMNA-128230158 State: Arkansas

TOI: L04I Individual Life - Term

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

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: ART12 State Status: Approved-Closed  
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tyra Reed, Amber Adams, Disposition Date: 05/09/2012  
Tobie Brink

Date Submitted: 04/11/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ART12

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: 05/09/2012

State Status Changed: 05/09/2012

Deemer Date:

Created By: Amber Adams

Submitted By: Amber Adams

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Insurance Department

Compliance &#8208; Life and Health

1200 West Third Street

Little Rock AR 72201&#8208;1904

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

Form ART12(10) – Individual Term Life Insurance Policy

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life

Product Name: ART12  
Project Name/Number: ART12/

Form ART12-DPART – Data Page used with Form ART12(10) (Annual Renewable Term)  
Form ART12-DP10 – Data Page used with Form ART12(10) (10 Year Level Premium Period)  
Form ART12-DP15 – Data Page used with Form ART12(10) (15 Year Level Premium Period)  
Form ART12-DP20 – Data Page used with Form ART12(10) (20 Year Level Premium Period)  
Form ART12-DP30 – Data Page used with Form ART12(10) (30 Year Level Premium Period)  
Form TERMCCE12 – Conversion Credit Endorsement  
SERFF Tracking Number: AMNA-128230158  
Company Tracking Number: ART12

Dear Reviewer:

Please find attached the above listed form for your review and approval. These forms are new forms and will replace Form ART07(10).

Form ART12(10) is an individual term life insurance policy with a conversion period. This product will be marketed through agent solicitation and will be fully underwritten or simplified issue if offered through worksite marketing. The level term fully underwritten product's conversion expiry date is the earliest of the policy anniversary at the end of the level premium period or the policy anniversary on which the insured reaches attained age sixty-five. The annual renewable term("ART") product's conversion expiry date will be the earliest of the tenth policy anniversary or the anniversary on which the insured reaches attained age sixty-five. The simplified issue term product's conversion expiry date will be the earliest of the fifth policy anniversary or the anniversary on which the insured reaches attained age sixty-five.

The policy form will be used with more than one term plan. Each term plan will use a distinct and uniquely numbered data page:

From ART12-DPART is the uniquely numbered data page that will be used for the ART product. The ART product:

- Has an issue age range of 18-65 for fully underwritten.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age seventy-five.
- Will be fully underwritten. Simplified issue will not be available.
- Is illustrated.

Form ART12-DP10 is the uniquely numbered data page that will be used with the ten-year level premium period product. The ten-year product:

- Has an issue age range of 18-70 for the fully underwritten version and 18-64 for the simplified issue version.

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ART12  
Project Name/Number: ART12/

- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount for the fully underwritten product.
- Has a minimum face amount of \$50,000 and a maximum face amount of \$250,000 for simplified issue.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.
- Will be available fully underwritten or simplified issue, worksite marketing only.
- Is illustrated.

Form ART12-DP15 is the uniquely numbered data page that will be used with the fifteen-year level premium period product. The fifteen-year product:

- Has an issue age range of 18-65 for fully underwritten.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount for the fully underwritten product.
- Has a minimum face amount of \$50,000 and a maximum face amount of \$250,000 for simplified issue.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.
- Will be fully underwritten. Simplified issue will not be available.
- Is illustrated.

Form ART12-DP20 is the uniquely numbered data page that will be used with the twenty-year level premium period product. The twenty-year product:

- Has an issue age range of 18-60 for the fully underwritten and simplified issue version.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount for the fully underwritten product.
- Has a minimum face amount of \$50,000 and a maximum face amount of \$250,000 for simplified issue.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.
- Will be available fully underwritten or simplified issue, worksite marketing only.
- Is illustrated.

Form ART12-DP30 is the uniquely numbered data page that will be used with the thirty-year level premium period product. The thirty-year product:

- Has an issue age range of 18-50 for the fully underwritten and simplified issue version.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount for the fully underwritten product.
- Has a minimum face amount of \$50,000 and a maximum face amount of \$250,000 for simplified issue.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.
- Will be available fully underwritten or simplified issue, worksite marketing only.
- Is illustrated.

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

Form TERMCCCE12 is an endorsement that will be used with current policyholder of Form ART07(10). It will be provided to the policyholder so that they may receive the conversion credit if the policy is still within the first five policy years.

The fully underwritten version of the product will use previously approved application form 10193-AR. The simplified issue version of the product will use an application that will be filed shortly with the Compact. The fully underwritten version of the product also offers a Disability Waiver of Premium Rider, Form LPW84, at an additional premium.

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

- Actuarial Memorandum for each plan
- Certificate of Readability
- Statement of Variability
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy 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.
- An insert page listing the compacting state's Department of Insurance information.
- Payment of any required filing fees have been submitted via EFT
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

State Narrative:

## Company and Contact

### Filing Contact Information

Amber Adams, Product Development Attorney amber.adams@anico.com  
 One Moody Plaza 409-763-1112 [Phone] 5479 [Ext]  
 14th Floor 409-766-6933 [FAX]  
 Galveston, TX 77590

### 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: \$350.00

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ART12  
Project Name/Number: ART12/  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$350.00	04/11/2012	57888774

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/09/2012	05/09/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/16/2012	04/16/2012	Amber Adams	05/08/2012	05/08/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Application Form 10525-AR	Note To Reviewer	Amber Adams	05/08/2012	05/08/2012
Not illustrated	Note To Reviewer	Amber Adams	04/17/2012	04/17/2012

*SERFF Tracking Number:* AMNA-128230158      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* ART12  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* ART12  
*Project Name/Number:* ART12/

## **Disposition**

Disposition Date: 05/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Certification of Compliance		Yes
Form (revised)	Individual Term Life Insurance Policy		Yes
Form	Individual Term Life Insurance Policy	Replaced	Yes
Form	Data Page For Use with Form ART12 Annual Renewable Term		Yes
Form	Data Page For Use with Form ART12 10 year term		Yes
Form	Data Page For Use with Form ART12 15 year term		Yes
Form	Data Page For Use with Form ART12 20 year term		Yes
Form	Data Page For Use with Form ART12 30 year term		Yes
Form	Term Conversion Credit Endorsement		Yes

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ART12  
Project Name/Number: ART12/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/16/2012  
Submitted Date 04/16/2012  
Respond By Date 05/16/2012

Dear Amber Adams,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ART12  
Project Name/Number: ART12/

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/08/2012  
Submitted Date 05/08/2012

Dear Linda Bird,

### Comments:

Thank you for your comments.

### Response 1

Comments: Please see the certification attached under the supporting documentation tab that addresses compliance with regulation 19 and 49.

The policy form has been revised, deleting the reference to suicide contestability upon reinstatement.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please refer to policy General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment:

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Term Life Insurance Policy	Form ART12(10)	)	Policy/Contract/Fraternal Certificate	Initial		51.500	Form ART12(10).pdf
<b>Previous Version</b>							
Individual Term Life Insurance Policy	Form ART12(10)	)	Policy/Contract/Fraternal Certificate	Initial		51.500	Form ART12(10).pdf

No Rate/Rule Schedule items changed.

Please let me know if you have any further questions.

Sincerely,  
 Amber Adams, Tobie Brink, Tyra Reed

*SERFF Tracking Number:* AMNA-128230158      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* ART12  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
*Product Name:* ART12  
*Project Name/Number:* ART12/

**Note To Reviewer**

**Created By:**

Amber Adams on 05/08/2012 10:46 AM

**Last Edited By:**

Amber Adams

**Submitted On:**

05/08/2012 10:46 AM

**Subject:**

Application Form 10525-AR

**Comments:**

Dear Reviewer,

The simplified issue application referenced in the cover letter has been approved. It is Form 10525-AR and was approved on April 17, 20102.

*SERFF Tracking Number:* AMNA-128230158      *State:* Arkansas  
*Filing Company:* American National Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* ART12  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
*Product Name:* ART12  
*Project Name/Number:* ART12/

**Note To Reviewer**

**Created By:**

Amber Adams on 04/17/2012 03:47 PM

**Last Edited By:**

Amber Adams

**Submitted On:**

04/17/2012 03:47 PM

**Subject:**

Not illustrated

**Comments:**

The cover letter has a typographical error. It states that the product is illustrated, when, in fact, it is not illustrated.

If you have any questions please let me know.

Regards,

Amber Adams

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form ART12(10)	Policy/Contract/Fraternal Insurance Policy Certificate	Initial		51.500	Form ART12(10).pdf
	Form ART12-DPART	Data/Declaration Pageswith Form ART12 Annual Renewable Term	Initial		51.100	Form ART12-DPART.pdf
	Form ART12-DP10	Data/Declaration Pageswith Form ART12 10 year term	Initial		52.500	Form ART12-DP10.pdf
	Form ART12-DP15	Data/Declaration Pageswith Form ART12 15 year term	Initial		52.500	Form ART12-DP15.pdf
	Form ART12-DP20	Data/Declaration Pageswith Form ART12 20 year term	Initial		52.500	Form ART12-DP20.pdf
	Form ART12-DP30	Data/Declaration Pageswith Form ART12 30 year term	Initial		52.500	Form ART12-DP30.pdf
	Form TERMCCCE12	Policy/Contract/Fraternal Credit Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51.200	Form TERMCCCE12.pdf



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

**POLICY NUMBER** [12345678] [JOHN INSURED] **INSURED**  
**ISSUE DATE** [JANUARY 1, 2012] \$ [100,000] **FACE AMOUNT**

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

*(This telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

**AMERICAN NATIONAL INSURANCE COMPANY** ("We", "Us", "Our") will pay the Death Benefit to the Beneficiary subject to the provisions of this Policy. The Death Benefit is payable upon receipt at Our Administrative Office of due proof of the Insured's death, if death occurs before this Policy terminates. This Policy is issued in consideration of the Application and payment of the premiums as described within the Policy. This Policy is a legal contract between the Owner ("You", "Your") and Us. **READ YOUR POLICY CAREFULLY.**

**RIGHT TO EXAMINE POLICY.** You may cancel this Policy for any reason within 30 days after You receive it. You must mail or deliver the Policy to Our Administrative Office. Any premium paid, including any Policy Fee or other charges will be refunded to You. The Policy will then be treated as if it were never issued.

Signed at Our Home Office at [Galveston, Texas] on the Issue Date.

[ *J. Mark Flippin* ]

[J. Mark Flippin]  
[Secretary]

[ *G.R. Ferdinandtsen* ]

[G.R. Ferdinandtsen]  
[President]

---

**INDIVIDUAL TERM LIFE INSURANCE POLICY**

- Premium Paying Period as shown on the Data Page.
  - Convertible.
  - Nonparticipating. Dividends are not payable.
  - Death Benefit payable as a lump sum or as described in the Settlement Options provision.
  - Premiums are adjustable subject to the Guaranteed Maximum Annual Premium.
-

---

## TABLE OF CONTENTS

---

Contract and Interested Persons .....	2
Death Benefit .....	3
Definition of Terms .....	4
General Provisions .....	4
Premiums .....	5
Convertibility .....	6
Termination and Reinstatement .....	7
Settlement Options .....	7

---

### CONTRACT AND INTERESTED PERSONS

---

**ENTIRE CONTRACT.** This Policy, any endorsements or riders, and the attached Application form the Entire Contract. The term "Application" includes the document so labeled and any supplemental applications or applications for riders, additional benefits, or reinstatements and questionnaires. 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 to resist a claim under it unless:

- (a) it is contained in the written Application; and,
- (b) a copy of the Application is attached to this Policy on the Issue Date, upon the addition of any rider or upon Reinstatement.

**EFFECTIVE DATE.** This Policy takes effect on the Issue Date shown on the Data Page or as soon thereafter as the initial Premium Payment is received at Our Administrative Office and this Policy has been delivered to You while the Insured is in the same health as stated in the Application.

**OWNER.** The Owner 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 or otherwise legally incompetent, 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 Your estate. All rights of the Owner, the contingent owner, and the Beneficiary are secondary to the rights of any Assignee of record and 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 is signed, unless otherwise specified by the Owner, provided that We shall not be responsible for any payments made or actions taken by Us prior to Our receipt of such request.

**INSURED.** The Insured is 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 are 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. The initial Beneficiary is designated in the Application. If changed, the Beneficiary is the person named on the most current written request to change the Beneficiary filed and recorded by Us.

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 Administrative 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 Administrative 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 Beneficiary interests are secondary to any Assignment on record at Our Administrative Office.

**CHANGE OF BENEFICIARY.** You may change a Beneficiary by filing a written request, in a form acceptable to Us, at Our Administrative Office, subject to the approval of any Assignee or Irrevocable Beneficiary. A change will not take effect until We receive Your written request and record the change at Our Administrative Office. Once recorded, the change will be effective as of the date You signed the request. The change is superseded and limited by the rights of any Assignee and/or Irrevocable Beneficiary on record.

**IRREVOCABLE BENEFICIARY.** An Irrevocable Beneficiary is a Beneficiary whose rights under the Policy cannot be changed without his or her written consent.

**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.

**ASSIGNMENT.** No Assignment will bind Us until recorded at Our Administrative Office. We are not obliged 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 will take effect on the date the notice of Assignment is signed by Owner, provided that We will not be responsible for any payments made or actions taken by Us prior to Our receipt of such notice.

---

## DEATH BENEFIT

---

**DEATH BENEFIT.** The Death Benefit will be equal to:

- (1) the Face Amount shown on the Data Page, plus
- (2) any additional life insurance proceeds provided at the date of the Insured's death by any riders or supplemental benefits, plus
- (3) any Premium paid by You past the end of the Policy Month of the Insured's death; minus
- (4) any unpaid Premiums that may apply during a Grace Period.

Premiums waived under any waiver of premium rider attached to this Policy will not be included in the adjustment.

Payment of the Death Benefit under the terms of this Policy is subject to the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy.

The Death Benefit is payable to the Beneficiary upon:

- (a) Our receipt of satisfactory Proof of Death of the Insured;
- (b) Our receipt of sufficient information necessary to determine the extent of the liability and the appropriate payee legally entitled to the Death Benefit; and
- (c) Removal of any legal impediments to payment of Death Benefit proceeds that result from the action of parties other than Us.

If the Death Benefit is not paid within thirty days from Our receipt and completion of the above items, interest on the Death Benefit will be applied and will:

- (a) accrue from the date of death to the date of payment; and,
- (b) be calculated at an effective rate of 8%.

At Your or the Beneficiary's option, the Death Benefit may be paid in a lump sum or under the Settlement Options provision of this Policy.

---

## DEFINITION OF TERMS

---

**ATTAINED AGE.** The Insured's Issue Age, as shown on the Data Page, plus the number of Policy Years completed.

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

**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.

**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) this Policy; and,
- (d) any other information We may reasonably require to establish the validity of the claim.

---

## GENERAL PROVISIONS

---

**CONFORMITY WITH STATE LAW.** This Policy was approved under the authority of the insurance commissioner of the jurisdiction where it is delivered. Any provision of this Policy which, on its effective date, is in conflict with state law for this product type is hereby amended to conform to the state law for this product type as of the provision's effective date.

**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, provided, however, that We may contest at any time without limit for nonpayment of Premium or as to any provision or condition relating to disability benefits or additional benefits for accidental death.

An addition of a rider after this 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 provided, however, that We may contest at any time without limit for nonpayment of Premium and as to any provision or condition relating to disability benefits or additional benefits for accidental death.

We may only contest this Policy based on material misstatements or omissions in the Application as defined in the Entire Contract provision.

**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 of a rider.

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 Premium at the correct age and sex. Amounts will be based on the rates in use on the Issue Date.

**POWER TO MODIFY.** Only Our President, a Vice President, or the 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 by an 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 Administrative Office.

**CLAIMS OF CREDITORS.** All payments under this Policy are exempt from the claims of creditors to the extent permitted by law.

**BASIS OF COMPUTATIONS.** Nonforfeiture values are based on the mortality tables and interest rate shown on the Data Page.

---

## PREMIUMS

---

**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 Paying Period shown on the Data Page; and,
- (d) at the Premium Mode and amount shown on the Data Page.

The first Premium may be paid to Us either through Our duly authorized agent, in exchange for a receipt signed by the agent or at Our Administrative Office. All future Premiums must be paid to Us at Our Administrative Office.

The Premium Mode may be changed with Our consent upon written request.

**SPECIAL MONTHLY PREMIUM.** Special Monthly Premiums are available when Premiums are paid by a pre-authorized deduction from Your bank account or by salary deduction. You are responsible for ensuring the Premium is remitted by the elected method.

Payment by pre-authorized deduction from Your bank account or by salary deduction may be discontinued by You or Us by giving 30 days written notice to the affected party.

If Special Monthly Premiums are discontinued for any reason, the Premiums already due or becoming due must be paid to Us at Our Administrative Office.

**RIGHT TO CHANGE PREMIUM.** We reserve the right to change the Premium for this Policy, subject to the Guaranteed Maximum Annual Premium shown on the Data Page. Any change in Premium:

- (a) will be based on Our future anticipated and emerging experience;
- (b) will be made on a class basis based on the classes initially identified when policies are issued;
- (c) will not result in the distribution of prior profits or recovery of prior losses, nor will any such modification be used to increase the expected profitability of these policies; and,
- (d) will not be based on a change in the Insured's health, occupation or avocation.

The appropriate regulatory authority will be provided any required information regarding the change in Premium. You will be provided with at least 30 days notice of any Premium change.

**GRACE PERIOD.** A Grace Period of 31 days is granted for each Premium Payment after the initial Premium Payment. The Policy will stay in force during this period. No interest is charged on the Premium Payment due during this time. If the Insured dies during the Grace Period, any Premium amount due will be deducted from the Death Benefit. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE.** If a Premium is not paid during the Grace Period, the Policy will Terminate on the due date of the first Premium Payment in default.

---

## CONVERTIBILITY

---

**CONVERSION OPTION.** While this Policy is in force and before the Conversion Expiry Date, as shown on the Data Page, You may convert this Policy to a New Policy on the life of the Insured without evidence of insurability.

You must submit to Us this Policy, a written Application for Conversion, and the first full premium for the New Policy.

**NEW POLICY.** The New Policy must be a permanent life insurance policy, unless otherwise specified on the Data Page. The New Policy:

- (a) must be a product currently offered by Us for conversion and using the same underwriting basis as this Policy;
- (b) will be issued at the Insured's then attained age and based on the rules and rates for the product selected;
- (c) will be issued at an equivalent rate class as this Policy; and,
- (d) will use premium rates in use on the conversion date.

We will assign a rate class that most closely corresponds to the rate class of this Policy based on the underwriting guidelines in use on the conversion date.

The New Policy's Face Amount cannot exceed the Face Amount of this Policy.

The Incontestability and Suicide periods of the New Policy will begin on the Issue Date of this Policy.

Premium Waivers, Children Term Riders and the Accelerated Benefit Riders may be converted to the New Policy, so long as they are available for use with the New Policy.

If the New Policy contains a Disability Waiver of Premium Rider, the benefits under this Rider will not be effective unless:

- (a) the total disability of the Insured commenced after the Issue Date of the New Policy; and,
- (b) the total disability of the Insured is not the result of an injury, disease, or infection that occurred or existed before the Issue Date of the New Policy.

**AUTOMATIC CONVERSION.** If Premiums are being waived under a Disability Waiver of Premium Rider on the Conversion Expiry Date, this Policy will automatically convert to a New Policy, as described below.

- (a) The New Policy will be a whole life insurance policy currently offered by Us for conversion and using the same underwriting basis as this Policy and with premiums payable for life.
- (b) The Face Amount of the New Policy will equal the Face Amount of this Policy.

- (c) The New Policy will be issued at the Insured's then attained age based on rules in use for the product selected, at premium rates currently in use on the conversion date, and with an equivalent rate class to this Policy.

Premiums on the New Policy will be waived while total disability continues. If total disability ceases, any Premiums due thereafter will be payable according to the terms of the New Policy.

**CONVERSION CREDIT.** If you convert this Policy to a permanent life insurance policy prior to the Conversion Credit Expiry Date, as shown on the Data Page, We will provide a Conversion Credit equal to 100% of the annual term premium payable in the year of conversion. Conversions occurring within the first Policy Year will receive a Conversion Credit that is prorated for the amount of time between the Issue Date and the conversion date.

The Conversion Credit does not include the Premium for any Riders attached to this Policy.

---

## TERMINATION AND REINSTATEMENT

---

**TERMINATION.** Coverage under this Policy will terminate on the first to occur of:

- (a) the Insured's death;
- (b) expiration of the Grace Period;
- (c) the Term Expiry Date, as shown on the Data Page; or,
- (d) full conversion of this Policy.

**REINSTATEMENT.** You may reinstate this Policy after it has Terminated. All of the following conditions must be met:

- (a) the Reinstatement must be within 3 years of the date of Termination and before the Term Expiry Date;
- (b) You must complete a Reinstatement Application and any additionally required questionnaires to prove the Insured is insurable for this 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.

---

## SETTLEMENT OPTIONS

---

**GENERAL PROVISIONS.** All or a part of the Death Benefit proceeds may be applied to any of the following options. Other options can be used if agreed to by Us. We will first discharge in a single sum any liability under an Assignment of this 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 settlement amount. The minimum net settlement amount that may be applied to a Settlement Option is \$5,000 for any Payee and the minimum installment payment is \$100.

Settlement Options may be payable on an annual, semiannual, quarterly, or monthly basis. If you elect a Settlement Option, You may choose to 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.

The Settlement Option tables illustrate the minimum guaranteed monthly payment per \$1,000 of the net settlement amount for each Settlement Option.

**SETTLEMENT OPTIONS.** The Settlement Options are:

Option 1: Installments for a Fixed Period. Equal periodic payments will be paid for a fixed number of years, as determined by You or the Beneficiary. The first payment is payable on the settlement date.

At Our option, additional interest may be used in the calculation of the periodic payment.

Option 2: Installments for a Fixed Period and Life Thereafter. Equal periodic payments will be made for a fixed period selected by You or the Beneficiary and while the annuitant is still living thereafter. The first payment is payable on the settlement date.

Option 3: Life Annuity. Equal periodic payments will be paid for as long as the annuitant lives with no payments certain. We have no liability upon the annuitant's death.

Option 4: Payments of a Fixed Amount. Equal periodic payments selected by You or the Beneficiary will be made until the total settlement value, with accumulated interest, is paid. Interest will be paid at the rate for funds left on deposit, but not less than the minimum guaranteed settlement rate shown on the Data Page. The final payment will be the unpaid balance. The first payment is payable on the settlement date. The total payments made in each year must be at least 4% of the net settlement amount.

Option 5: Interest Payments. We will hold the net settlement amount at interest. Interest will be paid at the rate for funds left on deposit, but not less than the minimum guaranteed settlement rate shown on the Data Page. At any time, an amount of at least \$100 may be withdrawn from the amount held. If the amount held on deposit falls below \$5,000, We may pay the entire amount held to the payee. The first payment is payable at the end of the first interest period.

**COMMUTATION OF SETTLEMENT OPTIONS.** Commutation is the payment by Us of a lump sum in lieu of any future annuity payments. In no case may any life-contingent payments under Options 2 or 3 be commuted. Payments under the other options may be commuted. When an option is commuted, the effective interest rate used to compute the settlement option plus 1% will be used to calculate the present value of the future payments.



**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 TERM LIFE INSURANCE POLICY**

- Premium Paying Period as shown on the Data Page.
- Convertible.
- Nonparticipating. Dividends are not payable.
- Death Benefit payable as a lump sum or as described in the Settlement Options provision.
- Premiums are adjustable subject to the Guaranteed Maximum Annual Premium.

---

**ALPHABETICAL GUIDE TO POLICY PROVISIONS**

---

Assignee .....	3
Assignment .....	3
Attained Age .....	4
Automatic Conversion .....	6
Basis of Computations .....	5
Beneficiary .....	2
Change of Beneficiary .....	3
Claims of Creditors .....	5
Commutation of Settlement Options .....	8
Conformity with State Law .....	4
Conversion Credit .....	7
Conversion Option .....	6
Death Benefit .....	3
Effective Date .....	2
Entire Contract .....	2
General Provisions Relating to Settlement Options .....	7
Grace Period .....	6
Incontestability .....	4
Insured .....	2
Irrevocable Beneficiary .....	3
Lapse .....	6
Misstatement of Age or Sex .....	5
Natural Person .....	4
New Policy .....	6
Nonparticipating Policy .....	4
Notices .....	5
Owner .....	2
Policy Month .....	4
Policy Year .....	4
Power to Modify .....	5
Premium Payment .....	5
Proof of Death .....	4
Reinstatement .....	7
Right to Change Premium .....	5
Right to Examine .....	1
Settlement Options .....	7
Special Monthly Premium .....	5
Suicide .....	4
Termination .....	7

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

---

**DATA PAGE**

---

<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

---

**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [75] Form [Form ART12] Level Premium Period [1] Year Term Expiry Date [May 1, 2052]	[\$ 91.00]	[40]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 91.00]	

---

**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 91.00]	[\$ 46.87]	[\$ 24.12]	[\$ 8.46]	[\$ 7.86]

---

**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

---

[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

---

**DATA PAGE CONTINUED**

---

<b>POLICY NUMBER</b>	[12345678]	<b>INSURED</b>	[JOHN DOE]	[MALE]	[35]
----------------------	------------	----------------	------------	--------	------

---

---

**CONVERSION SCHEDULE**

---

**Conversion Expiry Date:** [May 31, 2022]

**Conversion Credit Expiry Date:** [May 1, 2017]

**[Special Conversion Privilege.** While this Policy is in force and before the Special Conversion Privilege Expiry Date You may convert this Policy to a new term life insurance policy on the life of the Insured without evidence of insurability. You must convert the entire Policy.

The new term life insurance policy must be for a level premium period of at least [20] years.

The new term life insurance policy will be subject to any requirements and/or limitations set forth in the Convertibility section of this Policy.]

**DATA PAGE CONTINUED**

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35	[\$91.00	[\$0.00	[\$91.00	[\$91.00
36	\$103.00	\$0.00	\$103.00	\$103.00
37	\$112.00	\$0.00	\$112.00	\$112.00
38	\$116.00	\$0.00	\$116.00	\$116.00
39	\$119.00	\$0.00	\$119.00	\$119.00
40	\$125.00	\$0.00	\$125.00	\$125.00
41	\$131.00	\$0.00	\$131.00	\$131.00
42	\$144.00	\$0.00	\$144.00	\$144.00
43	\$158.00	\$0.00	\$158.00	\$158.00
44	\$174.00	\$0.00	\$174.00	\$174.00
45	\$191.00	\$0.00	\$191.00	\$191.00
46	\$209.00	\$0.00	\$209.00	\$209.00
47	\$226.00	\$0.00	\$226.00	\$226.00
48	\$242.00	\$0.00	\$242.00	\$242.00
49	\$262.00	\$0.00	\$262.00	\$262.00
50	\$279.00	\$0.00	\$279.00	\$279.00
51	\$300.00	\$0.00	\$300.00	\$300.00
52	\$322.00	\$0.00	\$322.00	\$322.00
53	\$343.00	\$0.00	\$343.00	\$343.00
54	\$367.00	\$0.00	\$367.00	\$367.00
55	\$392.00	\$0.00	\$392.00	\$392.00
56	\$422.00	\$0.00	\$422.00	\$422.00
57	\$461.00	\$0.00	\$461.00	\$461.00
58	\$512.00	\$0.00	\$512.00	\$512.00
59	\$579.00	\$0.00	\$579.00	\$579.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74]	\$10,941.00]	\$0.00]	\$10,941.00]	\$10,941.00]

---

**DATA PAGE**

---

<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

---

**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12] Level Premium Period [10] Year Term Expiry Date [May 1, 2072]	[\$ 134.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 134.00]	

---

**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 134.00]	[\$ 69.01]	[\$ 35.51]	[\$ 12.46]	[\$ 11.58]

---

**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

---

[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

---

**DATA PAGE CONTINUED**

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**CONVERSION SCHEDULE**

---

**Conversion Expiry Date:** [May 31, 2022]

**Conversion Credit Expiry Date:** [May 1, 2017]

---

**DATA PAGE CONTINUED**

---

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$134.00	[\$0.00	[\$134.00	[\$134.00
36	\$134.00	\$0.00	\$134.00	\$134.00
37	\$134.00	\$0.00	\$134.00	\$134.00
38	\$134.00	\$0.00	\$134.00	\$134.00
39	\$134.00	\$0.00	\$134.00	\$134.00
40	\$134.00	\$0.00	\$134.00	\$134.00
41	\$134.00	\$0.00	\$134.00	\$134.00
42	\$134.00	\$0.00	\$134.00	\$134.00
43	\$134.00	\$0.00	\$134.00	\$134.00
44	\$134.00	\$0.00	\$134.00	\$134.00
45	\$759.00	\$0.00	\$759.00	\$759.00
46	\$825.00	\$0.00	\$825.00	\$825.00
47	\$897.00	\$0.00	\$897.00	\$897.00
48	\$939.00	\$0.00	\$939.00	\$939.00
49	\$987.00	\$0.00	\$987.00	\$987.00
50	\$1,056.00	\$0.00	\$1,056.00	\$1,056.00
51	\$1,137.00	\$0.00	\$1,137.00	\$1,137.00
52	\$1,248.00	\$0.00	\$1,248.00	\$1,248.00
53	\$1,368.00	\$0.00	\$1,368.00	\$1,368.00
54	\$1,521.00	\$0.00	\$1,521.00	\$1,521.00
55	\$1,710.00	\$0.00	\$1,710.00	\$1,710.00
56	\$1,902.00	\$0.00	\$1,902.00	\$1,902.00
57	\$2,109.00	\$0.00	\$2,109.00	\$2,109.00
58	\$2,286.00	\$0.00	\$2,286.00	\$2,286.00
59	\$2,490.00	\$0.00	\$2,490.00	\$2,490.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

---

**DATA PAGE CONTINUED**

---

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]

---

**DATA PAGE**

---

<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

---

**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12] Level Premium Period [15] Year Term Expiry Date [May 1, 2072]	[\$ 150.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 150.00]	

---

**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 150.00]	[\$ 77.25]	[\$ 39.75]	[\$ 13.95]	[\$ 12.96]

---

**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

---

[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

---

**DATA PAGE CONTINUED**

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**CONVERSION SCHEDULE**

---

**Conversion Expiry Date:** [May 31, 2027]

**Conversion Credit Expiry Date:** [May 1, 2017]

**DATA PAGE CONTINUED**

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$150.00]	[\$0.00]	[\$150.00]	[\$150.00]
36	\$150.00	\$0.00	\$150.00	\$150.00
37	\$150.00	\$0.00	\$150.00	\$150.00
38	\$150.00	\$0.00	\$150.00	\$150.00
39	\$150.00	\$0.00	\$150.00	\$150.00
40	\$150.00	\$0.00	\$150.00	\$150.00
41	\$150.00	\$0.00	\$150.00	\$150.00
42	\$150.00	\$0.00	\$150.00	\$150.00
43	\$150.00	\$0.00	\$150.00	\$150.00
44	\$150.00	\$0.00	\$150.00	\$150.00
45	\$150.00	\$0.00	\$150.00	\$150.00
46	\$150.00	\$0.00	\$150.00	\$150.00
47	\$150.00	\$0.00	\$150.00	\$150.00
48	\$150.00	\$0.00	\$150.00	\$150.00
49	\$150.00	\$0.00	\$150.00	\$150.00
50	\$1,056.00	\$0.00	\$1,056.00	\$1,056.00
51	\$1,137.00	\$0.00	\$1,137.00	\$1,137.00
52	\$1,248.00	\$0.00	\$1,248.00	\$1,248.00
53	\$1,368.00	\$0.00	\$1,368.00	\$1,368.00
54	\$1,521.00	\$0.00	\$1,521.00	\$1,521.00
55	\$1,710.00	\$0.00	\$1,710.00	\$1,710.00
56	\$1,902.00	\$0.00	\$1,902.00	\$1,902.00
57	\$2,109.00	\$0.00	\$2,109.00	\$2,109.00
58	\$2,286.00	\$0.00	\$2,286.00	\$2,286.00
59	\$2,490.00	\$0.00	\$2,490.00	\$2,490.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

---

**DATA PAGE CONTINUED**

---

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]

---

**DATA PAGE**

---

<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

---

**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12] Level Premium Period [20] Year Term Expiry Date [May 1, 2072]	[\$ 176.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 176.00]	

---

**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 176.00]	[\$ 90.64]	[\$ 46.64]	[\$ 16.37]	[\$ 15.21]

---

**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

---

[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

---

**DATA PAGE CONTINUED**

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**CONVERSION SCHEDULE**

---

**Conversion Expiry Date:** [May 31, 2032]

**Conversion Credit Expiry Date:** [May 1, 2017]

**DATA PAGE CONTINUED**

<b>POLICY NUMBER</b>	[12345678]	<b>INSURED</b> [JOHN DOE]	[MALE]	[35]
----------------------	------------	---------------------------	--------	------

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
35	\$176.00	\$0.00	\$176.00	\$176.00
36	\$176.00	\$0.00	\$176.00	\$176.00
37	\$176.00	\$0.00	\$176.00	\$176.00
38	\$176.00	\$0.00	\$176.00	\$176.00
39	\$176.00	\$0.00	\$176.00	\$176.00
40	\$176.00	\$0.00	\$176.00	\$176.00
41	\$176.00	\$0.00	\$176.00	\$176.00
42	\$176.00	\$0.00	\$176.00	\$176.00
43	\$176.00	\$0.00	\$176.00	\$176.00
44	\$176.00	\$0.00	\$176.00	\$176.00
45	\$176.00	\$0.00	\$176.00	\$176.00
46	\$176.00	\$0.00	\$176.00	\$176.00
47	\$176.00	\$0.00	\$176.00	\$176.00
48	\$176.00	\$0.00	\$176.00	\$176.00
49	\$176.00	\$0.00	\$176.00	\$176.00
50	\$176.00	\$0.00	\$176.00	\$176.00
51	\$176.00	\$0.00	\$176.00	\$176.00
52	\$176.00	\$0.00	\$176.00	\$176.00
53	\$176.00	\$0.00	\$176.00	\$176.00
54	\$176.00	\$0.00	\$176.00	\$176.00
55	\$1,710.00	\$0.00	\$1,710.00	\$1,710.00
56	\$1,902.00	\$0.00	\$1,902.00	\$1,902.00
57	\$2,109.00	\$0.00	\$2,109.00	\$2,109.00
58	\$2,286.00	\$0.00	\$2,286.00	\$2,286.00
59	\$2,490.00	\$0.00	\$2,490.00	\$2,490.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

---

**DATA PAGE CONTINUED**

---

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]

---

**DATA PAGE**

---

<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

---

**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12] Level Premium Period [30] Year Term Expiry Date [May 1, 2072]	[\$ 248.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 248.00]	

---

**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 248.00]	[\$ 127.72]	[\$ 65.72]	[\$ 23.06]	[\$ 21.43]

---

**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

---

[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

---

**DATA PAGE CONTINUED**

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**CONVERSION SCHEDULE**

---

**Conversion Expiry Date:** [May 31, 2042]

**Conversion Credit Expiry Date:** [May 1, 2017]

**DATA PAGE CONTINUED**

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$248.00]	[\$0.00]	[\$248.00]	[\$248.00]
36	\$248.00	\$0.00	\$248.00	\$248.00
37	\$248.00	\$0.00	\$248.00	\$248.00
38	\$248.00	\$0.00	\$248.00	\$248.00
39	\$248.00	\$0.00	\$248.00	\$248.00
40	\$248.00	\$0.00	\$248.00	\$248.00
41	\$248.00	\$0.00	\$248.00	\$248.00
42	\$248.00	\$0.00	\$248.00	\$248.00
43	\$248.00	\$0.00	\$248.00	\$248.00
44	\$248.00	\$0.00	\$248.00	\$248.00
45	\$248.00	\$0.00	\$248.00	\$248.00
46	\$248.00	\$0.00	\$248.00	\$248.00
47	\$248.00	\$0.00	\$248.00	\$248.00
48	\$248.00	\$0.00	\$248.00	\$248.00
49	\$248.00	\$0.00	\$248.00	\$248.00
50	\$248.00	\$0.00	\$248.00	\$248.00
51	\$248.00	\$0.00	\$248.00	\$248.00
52	\$248.00	\$0.00	\$248.00	\$248.00
53	\$248.00	\$0.00	\$248.00	\$248.00
54	\$248.00	\$0.00	\$248.00	\$248.00
55	\$248.00	\$0.00	\$248.00	\$248.00
56	\$248.00	\$0.00	\$248.00	\$248.00
57	\$248.00	\$0.00	\$248.00	\$248.00
58	\$248.00	\$0.00	\$248.00	\$248.00
59	\$248.00	\$0.00	\$248.00	\$248.00
60	\$248.00	\$0.00	\$248.00	\$248.00
61	\$248.00	\$0.00	\$248.00	\$248.00
62	\$248.00	\$0.00	\$248.00	\$248.00
63	\$248.00	\$0.00	\$248.00	\$248.00
64	\$248.00	\$0.00	\$248.00	\$248.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

---

**DATA PAGE CONTINUED**

---

---

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

---

---

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]



**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]

*(This telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

**TERM CONVERSION CREDIT ENDORSEMENT**

Your Policy is hereby endorsed with the following provision:

**CONVERSION CREDIT.** If you convert this Policy to a permanent life insurance policy prior to the Policy's fifth policy anniversary, We will provide a Conversion Credit equal to 100% of the annual term premium payable in the year of conversion. Conversions occurring within the first Policy Year will receive a Conversion Credit that is prorated for the amount of time between the Issue Date and the conversion date.

The Conversion Credit does not include the Premium for any Riders attached to this Policy.

Signed at Our Home Office at [Galveston, TX] on the Issue Date.

[ *J. Mark Flippin* ]

[J. Mark Flippin]  
[Secretary]

[ *G.R. Ferdinandtsen* ]

[G.R. Ferdinandtsen]  
[President]

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Application form 10193-AR approved on March 2, 2009.		
<b>Attachment:</b> Form 10193-AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Actuarial Memo		
<b>Comments:</b>		
<b>Attachments:</b> Actuarial Memorandum - ART12-DPART .pdf Actuarial Memorandum - ART12-DP10.pdf Actuarial Memorandum - ART12-DP10.Simplified Issue.pdf Actuarial Memorandum - ART12-DP15.pdf Actuarial Memorandum - ART12-DP20.pdf Actuarial Memorandum - ART12-DP20.Simplified Issue.doc.docm.pdf Actuarial Memorandum - ART12-DP30.doc.docm.pdf Actuarial Memorandum - ART12-DP30.Simplified Issue.doc.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statements of Variability		

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: ART12  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ART12  
Project Name/Number: ART12/

**Comments:**

**Attachments:**

MEMORANDUM OF VARIABLE MATERIAL- Form ART12.pdf  
MEMORANDUM OF VARIABLE MATERIAL - Form ART12-DPART.pdf  
MEMORANDUM OF VARIABLE MATERIAL - Form ART12-DP10.pdf  
MEMORANDUM OF VARIABLE MATERIAL - Form ART12-DP15.pdf  
MEMORANDUM OF VARIABLE MATERIAL - Form ART12-DP20.pdf  
MEMORANDUM OF VARIABLE MATERIAL - Form ART12-DP30.pdf  
MEMORANDUM OF VARIABLE MATERIAL- Form TERMCCE12.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Certification of Compliance

**Comments:**

**Attachment:**

AR - Certification of Compliance.pdf



---

## READABILITY CERTIFICATION

We hereby certify that the following form(s), meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form ART12(10)	Individual Term Life Insurance Policy	51.5
Form ART12-DPART	Data Page for annual renewable term	51.1
Form ART12-DP10	Data Page for 10 year level term	52.5
Form ART12-DP15	Data Page for 15 year level term	52.5
Form ART12-DP20	Data Page for 20 year level term	52.5
Form ART12-DP30	Data Page for 30 year level term	52.5
Form TERMCCE12	Term Conversion Credit Endorsement	51.2

---

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



# Application for Life Insurance

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



## 1. PRIMARY PROPOSED INSURED

a. Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

c. Date of birth: Month/Day/Year \_\_\_\_\_ d. Age last birthday \_\_\_\_\_ e. Height \_\_\_\_\_ f. Weight \_\_\_\_\_ g. Social Security/Tax ID number \_\_\_\_\_

h. Gender  Male  Female i. Marital status:  Married  Separated  Single  Widowed  Divorced

j. Have you ever used tobacco or nicotine in any form? .....  Yes  No  
(Tobacco or nicotine includes cigarettes, cigars, pipes, chewing tobacco, nicotine patches or other products containing nicotine. If "Yes," when was tobacco or nicotine last used?) Month/Year | \_\_\_\_\_

k. Residence address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

l. Years at this residence \_\_\_\_\_ m. Personal telephone \_\_\_\_\_ n. Annual Income \_\_\_\_\_ Net worth \_\_\_\_\_  
| (\_\_\_\_\_) \_\_\_\_\_ | \$ \_\_\_\_\_ | \$ \_\_\_\_\_

o. Type of business \_\_\_\_\_ Employer name \_\_\_\_\_ p. Business telephone \_\_\_\_\_  
| \_\_\_\_\_ | (\_\_\_\_\_) \_\_\_\_\_

q. Occupation/Job title \_\_\_\_\_ Job duties (Be specific.) \_\_\_\_\_ r. Date of employment: Month/Year \_\_\_\_\_

s. Business address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

t. U.S. Citizen:  Yes  No If No, type of Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

## 2. ADDITIONAL PROPOSED INSURED

a. Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

c. Date of birth: Month/Day/Year \_\_\_\_\_ d. Age last birthday \_\_\_\_\_ e. Height \_\_\_\_\_ f. Weight \_\_\_\_\_ g. Social Security/Tax ID number \_\_\_\_\_

h. Gender  Male  Female i. Marital status:  Married  Separated  Single  Widowed  Divorced

j. Have you ever used tobacco or nicotine in any form? .....  Yes  No  
(Tobacco or nicotine includes cigarettes, cigars, pipes, chewing tobacco, nicotine patches or other products containing nicotine. If "Yes," when was tobacco or nicotine last used?) Month/Year | \_\_\_\_\_

k. Residence address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

l. Years at this residence \_\_\_\_\_ m. Personal telephone \_\_\_\_\_ n. Annual Income \_\_\_\_\_ Net worth \_\_\_\_\_  
| (\_\_\_\_\_) \_\_\_\_\_ | \$ \_\_\_\_\_ | \$ \_\_\_\_\_

o. Type of business \_\_\_\_\_ Employer name \_\_\_\_\_ p. Business telephone \_\_\_\_\_ q. Relationship to primary proposed insured \_\_\_\_\_

r. Occupation/Job title \_\_\_\_\_ Job duties (Be specific.) \_\_\_\_\_ s. Date of employment: Month/Year \_\_\_\_\_

t. Business address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

u. U.S. Citizen:  Yes  No If No, type of Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

## 3. OWNER (IF OTHER THAN PRIMARY PROPOSED INSURED)

a. Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_ b. Relationship to primary proposed insured \_\_\_\_\_

c. Gender  Male  Female d. Date of birth: Month/Day/Year \_\_\_\_\_ e. Age last birthday \_\_\_\_\_ f. Social Security/Tax ID number \_\_\_\_\_ g. If Trust, date created \_\_\_\_\_

h. Mailing address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

i. Contingent owner (If any): Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_ j. Relationship to primary proposed insured \_\_\_\_\_



**4. SECONDARY OR ALTERNATE ADDRESSEE (if applicable)**

Name | \_\_\_\_\_ Address: Number/Street | \_\_\_\_\_  
City | \_\_\_\_\_ State | \_\_\_\_\_ ZIP | \_\_\_\_\_

**5. CHILDREN PROPOSED FOR INSURANCE (COMPLETE FOR CHILDREN TERM RIDER)**

Last name	First name	M.I.	Relationship to primary proposed insured	Date of Birth: Mo./Day/Yr.	Age	Ht./Wt.	Gender: Soc. Sec./Tax ID# M/F
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- a. Has the name of any child age 18 or younger been omitted?  Yes (Explain.) | \_\_\_\_\_  No
- b. Is any child NOT living at the same address as the proposed insured?  Yes (Explain.) | \_\_\_\_\_  No

**6. BENEFICIARY FOR PRIMARY PROPOSED INSURED (Unless specified, all beneficiaries in the same class share equally.)**

Primary: Last name	First name	M.I.	Relationship to primary proposed insured	Date of Birth: Mo./Day/Yr.	Gender: Soc. Sec./Tax ID# M/F	Date of trust: Mo./Day/Yr.	% payable
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Contingent: Last name	First name	M.I.	Relationship to primary proposed insured	Date of Birth: Mo./Day/Yr.	Gender: Soc. Sec./Tax ID# M/F	Date of trust: Mo./Day/Yr.	% payable
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Special beneficiary settlement options:  Yes  No (If "Yes," complete and submit the state appropriate form for Additional Beneficiary Page.)

**7. BENEFICIARY FOR ADDITIONAL PROPOSED INSURED (Unless specified, all beneficiaries in the same class share equally.)**

Primary: Last name	First name	M.I.	Relationship to additional proposed insured	Date of Birth: Mo./Day/Yr.	Gender: Soc. Sec./Tax ID# M/F	Date of trust: Mo./Day/Yr.	% payable
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Special beneficiary settlement options:  Yes  No (If "Yes," complete and submit the state appropriate form for Additional Beneficiary Page.)

**8. PRODUCT INFORMATION**

a. Plan of insurance (Specify number of years if Term) \_\_\_\_\_ b. Amount of insurance \_\_\_\_\_

c. Premium amount \$ \_\_\_\_\_ Mode:  Annual  Semiannual  Quarterly  Monthly  Single premium

d. If all proposed insured(s) are acceptable risks on a nonrated basis, but the premium quoted will not purchase the face amount requested:

- Do NOT change premium. Change face amount.
- Do NOT change face amount. Change premium.

Was automatic premium loan elected?  Yes  No (In Rhode Island, automatic premium loan is required, unless otherwise elected.)

**If Participating Whole Life**

e. Dividend option:  Cash  Premium reduction  Paid-up additions  Accumulate at interest

**If Universal Life (including Indexed Universal Life and Variable Universal Life)**

f. Death benefits options (Elect one - If no option is selected, Option "A" will be issued)  Option A  Option B  Option C

**If Indexed Universal Life**

g. Initial Allocation of Net Premiums (Allocation must be designated in percentages and must total 100%)

\_\_\_\_\_ % Fixed Interest Crediting Option \_\_\_\_\_ % Indexed Interest Crediting Option

**If Variable Universal Life**

h. Guaranteed Coverage Period: (Elect one.)  10-year  25-year  Other \_\_\_\_\_

Amount paid with application: \$ \_\_\_\_\_ (Check must be payable to American National Insurance Company.)



9. RIDERS/BENEFITS (Complete insurability application, if necessary.)

a. Optional benefits/riders:

- Optional benefits/riders including Premium waiver, Waiver of stipulated premium, Accidental death, Children term, Spouse term, Guaranteed increase option, Additional insurance option, Return of Premium Rider, Paid Up Additions Rider, Premium for PUA, Premium payor, Coverage continuation rider, Other insured rider, Level term.

Other: | Type of Rider | Name of insured | Amount of insurance | \$

Beneficiary for Other Insured Rider Coverage (Unless specified, all beneficiaries in the same class share equally.)

Table with columns: Primary: Last name, First name, M.I., Relationship to other insured rider, Date of Birth: Mo./Day/Yr., Gender: M/F, Soc. Sec./Tax ID#, Date of trust: Mo./Day/Yr., % payable

Special beneficiary settlement options: Yes No (If "Yes," complete and submit the state appropriate form for Additional Beneficiary Page.)

10. INSURANCE AND REPLACEMENTS

- Do you have existing life insurance or annuity coverage? Will the insurance applied for replace or use cash values of any existing life insurance or annuity issued by any company? Total Insurance/Annuities in force on Proposed Insured(s):

Table with columns: Full Name of Company, Policy No., Issue Date, Insured's Name, Plan, Amount, See "10b"

Accidental Death \$ Company

11. PRIMARY PROPOSED INSURED FAMILY HISTORY - COMPLETE IF AMOUNT OF INSURANCE IS \$100,000 OR GREATER

Parents: Is parent living (Y/N), Age if living, Age at death, Cause of death. Father, Mother

Siblings: Number of living, Number deceased, Age at death, Cause of death

- Did (Does) anyone in the immediate family have a history of heart disease or stroke/cerebral vascular accident? Did (Does) anyone in the immediate family have a history of internal cancer or melanoma?

12. ADDITIONAL PROPOSED INSURED FAMILY HISTORY - COMPLETE IF AMOUNT OF INSURANCE IS \$100,000 OR GREATER

Parents: Is parent living (Y/N), Age if living, Age at death, Cause of death. Father, Mother

Siblings: Number of living, Number deceased, Age at death, Cause of death

- Did (Does) anyone in the immediate family have a history of heart disease or stroke/cerebral vascular accident? Did (Does) anyone in the immediate family have a history of internal cancer or melanoma?



**13. FAMILY PHYSICIAN, SPECIALIST, OR CLINIC**

a. Family physician, specialist or clinic of **proposed insured:**

Provider name	Date last visited	Reason for visit	HMO patient ID number
_____	_____	_____	_____
Address: Number/Street	City	State ZIP	Provider telephone number
_____	_____	_____   _____	(____) _____

b. Family physician, specialist or clinic of **additional proposed insured:**

Provider name	Date last visited	Reason for visit	HMO patient ID number
_____	_____	_____	_____
Address: Number/Street	City	State ZIP	Provider telephone number
_____	_____	_____   _____	(____) _____

**14. MEDICAL HISTORY QUESTIONS—LIFETIME**

(For questions "14.a." through "16.c.", underline the reason for any "Yes" answer(s) and give complete details as requested in Section 17.)

a. Is any proposed insured taking any medication(s)?  Yes  No (If "Yes," list medications and prescribed dosages).

\_\_\_\_\_

**HAS ANY PROPOSED INSURED EVER ...**

- b. had a heart attack, heart murmur, chest pains, irregular heartbeat, stroke, high blood pressure, anemia or any disease or abnormality of the heart, blood or blood vessels?.....  Yes  No
- c. had cancer, a tumor or abnormal growth of any kind? .....  Yes  No
- d. been told he/she had an Immune Deficiency Disorder, AIDS, AIDS related complex (ARC), or test results indicating exposure to the AIDS virus? .....  Yes  No

**15. MEDICAL HISTORY QUESTIONS— LAST TEN YEARS**

**HAS ANY PROPOSED INSURED, WITHIN THE LAST TEN YEARS ...**

- a. had seizure, depression, anxiety, psychiatric treatment or counseling, paralysis, dizziness or any disease or abnormality of the brain or nervous system? ...  Yes  No
- b. had asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, chronic obstructive pulmonary disease (COPD) or any disease or abnormality of the respiratory system?.....  Yes  No
- c. had any disease or abnormality of the stomach, intestines, rectum, pancreas, or liver, including cirrhosis, hepatitis and colitis? .....  Yes  No
- d. had any disease or abnormality of the kidneys, urinary bladder, prostate or genital system, including sugar or blood in the urine? .....  Yes  No
- e. had diabetes or any disease of the thyroid or other gland? .....  Yes  No
- f. had arthritis, lupus, physical deformity, any disease of the bones, muscles or joints, or any disease or abnormality of the eyes, ears or skin? .....  Yes  No
- g. had treatment or counseling for use of alcohol or alcoholism? .....  Yes  No
- h. had treatment or counseling for drug use or used marijuana, cocaine, heroin, barbiturates, amphetamines, hallucinogenics, narcotics or other habit-forming drugs, other than those prescribed by a physician? .....  Yes  No
- i. Does any proposed insured currently have any medical concerns for which you have not consulted a doctor or had any consultation, testing or investigation recommended by a doctor which has not yet been completed? .....  Yes  No
- j. If any proposed insured(s) is less than one year old, give birth weight: | \_\_\_\_\_ lb. | \_\_\_\_\_ oz. Was birth premature? .....  Yes  No

**16. MEDICAL HISTORY QUESTIONS— LAST FIVE YEARS**

**HAS ANY PROPOSED INSURED, WITHIN THE LAST FIVE YEARS ...**

- a. consulted or been treated or examined by any physician or practitioner for any cause not previously mentioned in this application? .....  Yes  No
- b. had treadmill EKG or other cardiovascular test, chest X-ray, blood or other laboratory test? .....  Yes  No
- c. had a surgical operation or been under observation or treatment in any hospital or clinic or been advised to have an operation which was not performed?  Yes  No



**17. MEDICAL HISTORY EXPLANATIONS**

(Give full details below of all "Yes" answers to questions "14.a." through "16.c.")

Question Person Reason, condition, disease, injury, etc. Date
% of recovery Name of attending physician Attending physician address: Number/Street City State

**18. INSURANCE HISTORY AND NON-MEDICAL HAZARDS**

- a. Has any proposed insured, in the past five (5) years, applied for life, accident or health insurance or for reinstatement of any such insurance that was declined, postponed, cancelled or withdrawn or modified as to plan, amount or rate?
b. Has any proposed insured in the last six (6) months, applied for — or is any proposed insured contemplating applying for — other insurance with this, or any other, company?
c. Has any proposed insured, in the past five (5) years, made — or is any proposed insured contemplating making — flights as a pilot, student pilot, crew member, or observer?
d. Has any proposed insured, in the past five (5) years, engaged in — or does any proposed insured intend to engage in — any hazardous avocation or sport, such as SCUBA diving, parachuting, hang-gliding, vehicle racing, or other hazardous avocation(s)?
e. Has any proposed insured, in the past five (5) years, been convicted of a felony?
f. Is any proposed insured currently on parole or probation?
g. Has any proposed insured in the last two (2) years resided outside of the United States for more than four (4) weeks?
h. Does any proposed insured plan to travel outside of the United States for more than four (4) weeks?

**Primary Proposed Insured**

i. Driver's license number: State:
j. Have you had a charge or conviction of DWI/DUI or reckless driving in the last five (5) years?
k. Do you have any other moving violations in the last five (5) years?

**Additional Proposed Insured**

l. Driver's license number: State:
m. Have you had a charge or conviction of DWI/DUI or reckless driving in the last five (5) years?
n. Do you have any other moving violations in the last five (5) years?



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

I hereby authorize any physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, pharmacy benefit managers, government agency, group policy holder, employer, benefit plan administrator, the Medical Information Bureau, the Department of Motor Vehicle Registration, and paramedical facility to provide to AMERICAN NATIONAL INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on AMERICAN NATIONAL INSURANCE COMPANY'S or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the applicant(s). It is understood that American National underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it resulting in loss of protection by federal regulations.

I understand that:

- (1) such information will be used by AMERICAN NATIONAL INSURANCE COMPANY for underwriting and insurability determinations;
- (2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain life insurance coverage;
- (3) a picture copy or photocopy of this authorization shall be as valid as the original; and
- (4) any authorized representative of the proposed insured is entitled to receive a copy of this authorization upon request. This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Life Underwriting Department of AMERICAN NATIONAL INSURANCE COMPANY, P.O. Box 1720, Galveston, Texas 77553. *I may inspect or copy any information used or disclosed under this authorization, if signed.*

**APPLICATION DECLARATIONS AND AGREEMENTS**

Each of the undersigned declares for themselves, and all other interested parties, that all of the answers in all pages of this application and any supplements to it are full, complete and true. They also agree that: (1) these answers as written: (i) were given to induce the company to issue a policy; and (ii) shall form the basis for and become a part of any policy issued on this application; (2) except as otherwise provided in the conditional receipt with the same serial number as this application, no policy will be effective until it is: (i) issued; (ii) delivered to the applicant; and (iii) the full first premium paid, all during the lifetime and good health of the insured(s); (3) the company may issue a policy different from that specified in this application by listing the difference(s) on the policy data page, and acceptance of such different policy will be a ratification of the changes except that no change in: (i) amount of insurance; (ii) classification; (iii) plan of insurance; or (iv) benefits, will be effective unless agreed to by the applicant in writing; (4) the company is not bound by any statements made by anyone or any other facts known to anyone concerning any proposed insured(s) if not in writing in this application or any supplement, amendment, or modification to it which has been approved by the Company; and (5) only the president or a vice president or secretary of the company has the authority to waive any of the company rights or requirements or to waive or alter any of the provisions of: (i) this application and any supplement, amendment or modification to this application which has been approved by the Company; or (ii) any policy issued on this application including any supplement, amendment or modification to this application which has been approved by the Company.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FCRA / MIB ACKNOWLEDGEMENT**

I have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau.

**APPLICATION SIGNATURES**

If Conditional Receipt to be attached, I hereby certify that I have read and received the conditional receipt, and agree to its terms. I understand that the company will not permit acceptance of my deposit or detachment of the conditional receipt unless this statement is true (if one given).

**For Indexed Universal Life:**

**I understand that I am applying for an indexed universal life policy and that while the value of the policy may be affected by an external index, the policy does not directly participate in any stock or equity investment.**

**For Variable Universal Life:**

**I understand that I am applying for a Variable Universal Life Policy. The accumulation value may increase or decrease depending on investment returns and the death benefit may be variable or fixed depending on the death benefit option selected.**

Date: Month/Day/Year	Signed at: City	State	Country
_____	_____	_____	_____

Witnessed by: Signature of licensed agent	Signature of primary proposed insured (Or guardian, if proposed insured is under age 16)
<b>X</b> _____	<b>X</b> _____

Print agent's name	Signature of additional person(s) proposed for insurance
_____	<b>X</b> _____

Agent's state license number	Signature of additional person(s) proposed for insurance
_____	<b>X</b> _____

Agent's company personal code	Signature of owner if other than proposed insured
_____	<b>X</b> _____



19. SOLICITING AGENT'S REPORT: THESE QUESTIONS MUST BE ANSWERED IN EVERY CASE

- a. How long have you personally known the proposed insured? Years | \_\_\_\_\_ Months | \_\_\_\_\_
b. By whom will premiums be paid? [ ] Owner [ ] Applicant [ ] Other (If "Other," explain.) | \_\_\_\_\_
c. What is your estimate of the premium payor's annual income? \$ \_\_\_\_\_ and worth? \$ \_\_\_\_\_
d. If the proposed insured is a child, how much insurance does the Parent/Premium Payor have in force on his/her own life? \$ \_\_\_\_\_
e. Give any other surname(s) used by any proposed insured in the last five years. | \_\_\_\_\_
f. If beneficiary is not a relative, explain insurable interest. | \_\_\_\_\_
g. Did you see each person proposed for insurance when the application was completed? ..... [ ] Yes [ ] No
h. Was beneficiary present during the completion of the application? ..... [ ] Yes [ ] No
i. As agent, do you certify that, on the date of this application, you asked the proposed insured each question in the application, recorded the answers given you, witnessed such person's signature, and collected the initial premium shown in the application? ..... [ ] Yes [ ] No
j. Do you have knowledge of any health history of any proposed insured not listed on this application? ..... [ ] Yes [ ] No
k. As agent, did you determine this applicant's insurable objective and/or financial need? ..... [ ] Yes [ ] No
l. As agent, do you have knowledge or reason to believe that replacement of existing insurance may be involved? ..... [ ] Yes [ ] No
m. As agent, have you complied with state replacement regulations? ..... [ ] Yes [ ] No
n. As agent, did you include individualized sales proposals in your presentations? ..... [ ] Yes [ ] No
(If the primary proposed insured is replacing an existing plan(s) with this policy, the comparative information forms for each policy to be replaced, and copies of all sales material, MUST be included with this application sent to the home office.)
o. If a child, are there any other minor age siblings in the home? ..... [ ] Yes [ ] No
If yes, do they have the same amount of coverage in force or applied for? [ ] Yes [ ] No If "no", explain \_\_\_\_\_

Dated at: City \_\_\_\_\_ Month/Day/Year \_\_\_\_\_
Corporation name \_\_\_\_\_ Tax ID \_\_\_\_\_ Social Security number \_\_\_\_\_
Branch office number and PSO code \_\_\_\_\_ Agent personal code or number \_\_\_\_\_ CSSD District Code 2 \_\_\_\_\_ Agency # \_\_\_\_\_
Licensed agent's signature \_\_\_\_\_ Agent e-mail \_\_\_\_\_ Telephone number \_\_\_\_\_
X \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

20. SPECIAL ISSUE INSTRUCTIONS TO HOME OFFICE

If prior quote was reviewed, please provide quote number: | \_\_\_\_\_
Additional policy plan and amount
\_\_\_\_\_ \$ \_\_\_\_\_
Alternate policy plan and amount
\_\_\_\_\_ \$ \_\_\_\_\_
Are commissions to be split? [ ] Yes [ ] No (If "Yes," and split 50/50, list both agents' names and personal code number. If NOT, complete and submit Form 6151.)
Agent name \_\_\_\_\_ Personal code or number \_\_\_\_\_ Agent name \_\_\_\_\_ Personal code or number \_\_\_\_\_
Special Instructions: | \_\_\_\_\_

21. REQUIREMENTS ORDERED: SEE CURRENT UNDERWRITING GUIDELINES FOR REQUIREMENTS

Indicate which of the following was (were) ordered by producer:
Oral fluid test collected by agent [ ] Yes [ ] No Date collected? | \_\_\_\_\_ [ ] Lab ticket attached or affix barcode here: \_\_\_\_\_
Inspection ordered [ ] Yes [ ] No (If "Yes," give name of inspection service used.)
\_\_\_\_\_
[ ] Exam by physician, full blood, HOS [ ] EKG [ ] X-ray [ ] Paramed, full blood, HOS [ ] Full blood, physical measurements, HOS
[ ] Paramed, HOS | \_\_\_\_\_ [ ] Other | \_\_\_\_\_
Name of approved paramed company? | \_\_\_\_\_
Were medical records (APS) ordered by producer? [ ] Yes [ ] No (If "Yes," give physician/clinic name)
\_\_\_\_\_
Did you pay for the attending physician's statement? ..... [ ] Yes [ ] No
(If "Yes," enter check # | \_\_\_\_\_ and amount \$ \_\_\_\_\_)
Has the application been reviewed for omissions and errors? ..... [ ] Yes [ ] No
If "yes", by (name) \_\_\_\_\_



**22. NUMBER OF APPLICATIONS**

Is more than one application, or supplemental application, being submitted on proposed insured(s) to American National? .....  Yes  No  
(If "Yes," give the serial number on the other application(s).)

**23. NOTES TO UNDERWRITER**

**24. BILLING DATA**

a. Mode:  Annual  Semiannual  Quarterly  Monthly  Single premium  
b. Method:  Direct: (Fill in name and address where premium notices are to be sent, ONLY IF OTHER than those of primary proposed insured.)

Name \_\_\_\_\_  
Number/Street \_\_\_\_\_ City \_\_\_\_\_  
State ZIP \_\_\_\_\_ Country \_\_\_\_\_

Electronic fund transfer (EFT): (Complete "Electronic Fund Transfer" section 25 and attach a void check.)

MDO

Salary deduction: Name \_\_\_\_\_ Number \_\_\_\_\_  
 Biweekly Amount | \_\_\_\_\_

Government allotment: Payee name

- A. Copy of certified allotment attached to application
- B. Certified copy of Form 902 completed in lieu of allotment copy
- C. Cash with application — No allotment copy
- D. C.O.D. — Defer issue until allotment begins.

Rank | \_\_\_\_\_ Branch | \_\_\_\_\_ Social Security number | \_\_\_\_\_

Special dating instructions: Issue age | \_\_\_\_\_ Issue date | \_\_\_\_\_

**25. ELECTRONIC FUND TRANSFER (EFT) INFORMATION: ATTACH "VOID" SPECIMEN OF CHECK**

Name of premium payor who will pay premium \_\_\_\_\_ Social Security number \_\_\_\_\_

Name(s) of insured(s) \_\_\_\_\_

Account number:  Checking  Savings \_\_\_\_\_ Specify desired date for draft against account \_\_\_\_\_

Bank name \_\_\_\_\_ Branch name \_\_\_\_\_ Bank transit number \_\_\_\_\_

Bank address: Number/Street \_\_\_\_\_ City \_\_\_\_\_ State ZIP \_\_\_\_\_

The undersigned requests the above-named bank to honor debit entries, either by electronic or paper means, to my account and payable to American National Insurance Company of Galveston, Texas. I agree that there will be no liability, on your part, for any reason whatsoever, for payment or failure to pay any such debit item. If, at any time, I do not have on deposit, in said bank, available funds sufficient to pay such debits, the pre-authorized payment privilege shall be automatically discontinued. Premiums then due or becoming due thereafter must be paid in accordance with one of the other methods of premium payment available to the policyowner. It is understood and agreed that all debit entries are accepted by the Company subject to their being honored upon presentation.

Date: Month/Day/Year \_\_\_\_\_

Signature of premium payer  
**X** \_\_\_\_\_

Agent  
**X** \_\_\_\_\_



**CONDITIONAL RECEIPT**

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

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

**PREMIUM CHECK(S) MUST BE MADE PAYABLE TO AMERICAN NATIONAL INSURANCE COMPANY.  
DO NOT MAKE CHECK(S) PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

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

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

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

**EFFECTIVE DATE MEANS THE LATEST OF:** (a) the date of completion of the application; (b) the date of completion of all medical exams and tests required by the company; and (c) if the applicant requests a policy date which is later than the date of this receipt, the policy date requested by the applicant.

**REFUND OF PAYMENT:** If one or more of the above conditions 1, 2, 3 or 4 have not been satisfied fully within 45 days after the date of this receipt, the company's liability is limited to a refund of the amount paid. Only the president, a vice president or secretary of the company has the authority to waive any of the company rights or requirements, or to waive or alter any of the provisions of this receipt or amend it in any way.

Date: Month/Day/Year                      Signed at: City    State      Country

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

Signature of licensed agent

**X** \_\_\_\_\_

I have read this conditional receipt. It has been explained to me by the agent.

Signature of primary proposed insured (Or guardian, if proposed insured is under age 16)

**X** \_\_\_\_\_

Signature of Owner

**X** \_\_\_\_\_



**AGENT: THIS NOTICE MUST BE LEFT WITH THE PROPOSED INSURED.**

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

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

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

**Medical Information Bureau (MIB) Pre-notification** — Information regarding your insurability will be treated as confidential. The American National Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the bureau's file, you may contact the bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the bureau's information office is: Medical Information Bureau, 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, website address [www.mib.com](http://www.mib.com), telephone number (617) 426-3660. The American National Insurance Company or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

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

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



---

MEMORANDUM OF VARIABLE MATERIAL FOR  
Form ART12  
April 5, 2012

This memorandum was prepared for use with Form ART12, a level term life insurance 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.

We certify to the following:

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



MEMORANDUM OF VARIABLE MATERIAL FOR  
Form ART12-DPART  
April 5, 2012

This memorandum was prepared for use with Form ART12-DPART, a specifications page used with Form ART12.

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

**Variable Material**

The form 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 - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

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 18-65. This plan will use age nearest birthday for issue age.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

Face Amounts up to and including \$250,000:

Standard Non-Nicotine User

Standard Nicotine User

Substandard Non-Nicotine User

Substandard Nicotine User

Face Amounts in excess of \$25,000:

Preferred Plus Non-Nicotine User

Preferred Non-Nicotine User

Preferred Nicotine User

Standard Plus Non-Nicotine User

Standard Non-Nicotine User

Standard Nicotine User

Substandard Non-Nicotine User

Substandard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

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

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 75.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - one year

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

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 \$60.00. 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 - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

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

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Special Conversion Privilege - only available on Annual Renewable Term and allows the insured to convert from ART to a level term period of 20 or 30 years.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

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



MEMORANDUM OF VARIABLE MATERIAL FOR  
Form ART12-DP10  
April 5, 2012

This memorandum was prepared for use with Form ART12-DP10, a specifications page used with Form ART12.

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

**Variable Material**

The form 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 - the amount of the death benefit will be a minimum of \$50,000 for fully underwritten and simplified issue. No specified maximum for fully underwritten. \$250,000 maximum for simplified issue.

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 18-70 for fully underwritten and 18-64 for simplified issue. The fully underwritten plan will use age nearest birthday for issue age. Simplified issue will use age last birthday.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

For fully underwritten:

Face Amounts up to and including \$250,000:

Standard Non-Nicotine User  
Standard Nicotine User  
Substandard Non-Nicotine User  
Substandard Nicotine User

Face Amounts in excess of \$25,000:

Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User  
Substandard Non-Nicotine User  
Substandard Nicotine User

For simplified issue:

Standard Non-nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

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

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - 10 years

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

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 \$60.00. 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 - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

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

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

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



MEMORANDUM OF VARIABLE MATERIAL FOR  
Form ART12-DP15  
April 5, 2012

This memorandum was prepared for use with Form ART12-DP15, a specifications page used with Form ART12.

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

**Variable Material**

The form 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 - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

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 18-65.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

For fully underwritten:

Face Amounts up to and including \$250,000:

Standard Non-Nicotine User

Standard Nicotine User

Substandard Non-Nicotine User

Substandard Nicotine User

Face Amounts in excess of \$25,000:

Preferred Plus Non-Nicotine User

Preferred Non-Nicotine User

Preferred Nicotine User

Standard Plus Non-Nicotine User

Standard Non-Nicotine User

Standard Nicotine User

Substandard Non-Nicotine User

Substandard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

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

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - 15 years

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

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 \$60.00. 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 - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

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

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

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



MEMORANDUM OF VARIABLE MATERIAL FOR  
Form ART12-DP20  
April 5, 2012

This memorandum was prepared for use with Form ART12-DP20, a specifications page used with Form ART12.

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

**Variable Material**

The form 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 - the amount of the death benefit will be a minimum of \$50,000 for fully underwritten and simplified issue. No specified maximum for fully underwritten. \$250,000 maximum for simplified issue.

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 18-60 for fully underwritten and simplified issue. The fully underwritten plan will use age nearest birthday for issue age. Simplified issue will use age last birthday.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

For fully underwritten:

Face Amounts up to and including \$250,000:

Standard Non-Nicotine User  
Standard Nicotine User  
Substandard Non-Nicotine User  
Substandard Nicotine User

Face Amounts in excess of \$25,000:

Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User  
Substandard Non-Nicotine User  
Substandard Nicotine User

For simplified issue:

Standard Non-nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

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

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - 20 years

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

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 \$60.00. 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 - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

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

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

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



MEMORANDUM OF VARIABLE MATERIAL FOR  
Form ART12-DP30  
April 5, 2012

This memorandum was prepared for use with Form ART12-DP30, a specifications page used with Form ART12.

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

**Variable Material**

The form 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 - the amount of the death benefit will be a minimum of \$50,000 for fully underwritten and simplified issue. No specified maximum for fully underwritten. \$250,000 maximum for simplified issue.

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 18-50 for fully underwritten and simplified issue. The fully underwritten plan will use age nearest birthday for issue age. Simplified issue will use age last birthday.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

For fully underwritten:

Face Amounts up to and including \$250,000:

Standard Non-Nicotine User  
Standard Nicotine User  
Substandard Non-Nicotine User  
Substandard Nicotine User

Face Amounts in excess of \$25,000:

Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User  
Substandard Non-Nicotine User  
Substandard Nicotine User

For simplified issue:

Standard Non-nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

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

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - 30 years

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

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 \$60.00. 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 - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

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

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

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



MEMORANDUM OF VARIABLE MATERIAL FOR  
Form TERMCCCE12  
April 5, 2012

This memorandum was prepared for use with Form TERMCCCE12, a conversion credit endorsement 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.

We certify to the following:

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



## 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 ART12	Individual Term Life Insurance Policy	51.5
Form ART12-DPART	Data Page for annual renewable term	51.1
Form ART12-DP10	Data Page for 10 year level term	52.5
Form ART12-DP15	Data Page for 15 year level term	52.5
Form ART12-DP20	Data Page for 20 year level term	52.5
Form ART12-DP30	Data Page for 30 year level term	52.5
Form TERMCCE12	Term Conversion Credit Endorsement	51.2

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

SERFF Tracking Number: AMNA-128230158 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: ART12  
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: ART12  
 Project Name/Number: ART12/

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/05/2012	Form	Individual Term Life Insurance Policy	05/08/2012	Form ART12(10).pdf (Superseded)



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

**POLICY NUMBER** [12345678] [JOHN INSURED] **INSURED**  
**ISSUE DATE** [JANUARY 1, 2012] \$ [100,000] **FACE AMOUNT**

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

*(This telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

**AMERICAN NATIONAL INSURANCE COMPANY** ("We", "Us", "Our") will pay the Death Benefit to the Beneficiary subject to the provisions of this Policy. The Death Benefit is payable upon receipt at Our Administrative Office of due proof of the Insured's death, if death occurs before this Policy terminates. This Policy is issued in consideration of the Application and payment of the premiums as described within the Policy. This Policy is a legal contract between the Owner ("You", "Your") and Us. **READ YOUR POLICY CAREFULLY.**

**RIGHT TO EXAMINE POLICY.** You may cancel this Policy for any reason within 30 days after You receive it. You must mail or deliver the Policy to Our Administrative Office. Any premium paid, including any Policy Fee or other charges will be refunded to You. The Policy will then be treated as if it were never issued.

Signed at Our Home Office at [Galveston, Texas] on the Issue Date.

[ *J. Mark Flippin* ]

[J. Mark Flippin]  
[Secretary]

[ *G.R. Ferdinandtsen* ]

[G.R. Ferdinandtsen]  
[President]

---

**INDIVIDUAL TERM LIFE INSURANCE POLICY**

- Premium Paying Period as shown on the Data Page.
  - Convertible.
  - Nonparticipating. Dividends are not payable.
  - Death Benefit payable as a lump sum or as described in the Settlement Options provision.
  - Premiums are adjustable subject to the Guaranteed Maximum Annual Premium.
-

---

## TABLE OF CONTENTS

---

Contract and Interested Persons .....	2
Death Benefit .....	3
Definition of Terms .....	4
General Provisions .....	4
Premiums .....	5
Convertibility .....	6
Termination and Reinstatement .....	7
Settlement Options .....	7

---

### CONTRACT AND INTERESTED PERSONS

---

**ENTIRE CONTRACT.** This Policy, any endorsements or riders, and the attached Application form the Entire Contract. The term "Application" includes the document so labeled and any supplemental applications or applications for riders, additional benefits, or reinstatements and questionnaires. 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 to resist a claim under it unless:

- (a) it is contained in the written Application; and,
- (b) a copy of the Application is attached to this Policy on the Issue Date, upon the addition of any rider or upon Reinstatement.

**EFFECTIVE DATE.** This Policy takes effect on the Issue Date shown on the Data Page or as soon thereafter as the initial Premium Payment is received at Our Administrative Office and this Policy has been delivered to You while the Insured is in the same health as stated in the Application.

**OWNER.** The Owner 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 or otherwise legally incompetent, 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 Your estate. All rights of the Owner, the contingent owner, and the Beneficiary are secondary to the rights of any Assignee of record and 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 is signed, unless otherwise specified by the Owner, provided that We shall not be responsible for any payments made or actions taken by Us prior to Our receipt of such request.

**INSURED.** The Insured is 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 are 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. The initial Beneficiary is designated in the Application. If changed, the Beneficiary is the person named on the most current written request to change the Beneficiary filed and recorded by Us.

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 Administrative 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 Administrative 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 Beneficiary interests are secondary to any Assignment on record at Our Administrative Office.

**CHANGE OF BENEFICIARY.** You may change a Beneficiary by filing a written request, in a form acceptable to Us, at Our Administrative Office, subject to the approval of any Assignee or Irrevocable Beneficiary. A change will not take effect until We receive Your written request and record the change at Our Administrative Office. Once recorded, the change will be effective as of the date You signed the request. The change is superseded and limited by the rights of any Assignee and/or Irrevocable Beneficiary on record.

**IRREVOCABLE BENEFICIARY.** An Irrevocable Beneficiary is a Beneficiary whose rights under the Policy cannot be changed without his or her written consent.

**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.

**ASSIGNMENT.** No Assignment will bind Us until recorded at Our Administrative Office. We are not obliged 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 will take effect on the date the notice of Assignment is signed by Owner, provided that We will not be responsible for any payments made or actions taken by Us prior to Our receipt of such notice.

---

## DEATH BENEFIT

---

**DEATH BENEFIT.** The Death Benefit will be equal to:

- (1) the Face Amount shown on the Data Page, plus
- (2) any additional life insurance proceeds provided at the date of the Insured's death by any riders or supplemental benefits, plus
- (3) any Premium paid by You past the end of the Policy Month of the Insured's death; minus
- (4) any unpaid Premiums that may apply during a Grace Period.

Premiums waived under any waiver of premium rider attached to this Policy will not be included in the adjustment.

Payment of the Death Benefit under the terms of this Policy is subject to the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy.

The Death Benefit is payable to the Beneficiary upon:

- (a) Our receipt of satisfactory Proof of Death of the Insured;
- (b) Our receipt of sufficient information necessary to determine the extent of the liability and the appropriate payee legally entitled to the Death Benefit; and
- (c) Removal of any legal impediments to payment of Death Benefit proceeds that result from the action of parties other than Us.

If the Death Benefit is not paid within thirty days from Our receipt and completion of the above items, interest on the Death Benefit will be applied and will:

- (a) accrue from the date of death to the date of payment; and,
- (b) be calculated at an effective rate of 8%.

At Your or the Beneficiary's option, the Death Benefit may be paid in a lump sum or under the Settlement Options provision of this Policy.

---

## DEFINITION OF TERMS

---

**ATTAINED AGE.** The Insured's Issue Age, as shown on the Data Page, plus the number of Policy Years completed.

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

**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.

**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) this Policy; and,
- (d) any other information We may reasonably require to establish the validity of the claim.

---

## GENERAL PROVISIONS

---

**CONFORMITY WITH STATE LAW.** This Policy was approved under the authority of the insurance commissioner of the jurisdiction where it is delivered. Any provision of this Policy which, on its effective date, is in conflict with state law for this product type is hereby amended to conform to the state law for this product type as of the provision's effective date.

**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, provided, however, that We may contest at any time without limit for nonpayment of Premium or as to any provision or condition relating to disability benefits or additional benefits for accidental death.

An addition of a rider after this 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 provided, however, that We may contest at any time without limit for nonpayment of Premium and as to any provision or condition relating to disability benefits or additional benefits for accidental death.

We may only contest this Policy based on material misstatements or omissions in the Application as defined in the Entire Contract provision.

**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 or a Reinstatement. 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. For 2 years following the date of Reinstatement, We shall be liable only for the return of Premiums paid on or after the Reinstatement.

**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 Premium at the correct age and sex. Amounts will be based on the rates in use on the Issue Date.

**POWER TO MODIFY.** Only Our President, a Vice President, or the 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 by an 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 Administrative Office.

**CLAIMS OF CREDITORS.** All payments under this Policy are exempt from the claims of creditors to the extent permitted by law.

**BASIS OF COMPUTATIONS.** Nonforfeiture values are based on the mortality tables and interest rate shown on the Data Page.

---

## PREMIUMS

---

**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 Paying Period shown on the Data Page; and,
- (d) at the Premium Mode and amount shown on the Data Page.

The first Premium may be paid to Us either through Our duly authorized agent, in exchange for a receipt signed by the agent or at Our Administrative Office. All future Premiums must be paid to Us at Our Administrative Office.

The Premium Mode may be changed with Our consent upon written request.

**SPECIAL MONTHLY PREMIUM.** Special Monthly Premiums are available when Premiums are paid by a pre-authorized deduction from Your bank account or by salary deduction. You are responsible for ensuring the Premium is remitted by the elected method.

Payment by pre-authorized deduction from Your bank account or by salary deduction may be discontinued by You or Us by giving 30 days written notice to the affected party.

If Special Monthly Premiums are discontinued for any reason, the Premiums already due or becoming due must be paid to Us at Our Administrative Office.

**RIGHT TO CHANGE PREMIUM.** We reserve the right to change the Premium for this Policy, subject to the Guaranteed Maximum Annual Premium shown on the Data Page. Any change in Premium:

- (a) will be based on Our future anticipated and emerging experience;
- (b) will be made on a class basis based on the classes initially identified when policies are issued;
- (c) will not result in the distribution of prior profits or recovery of prior losses, nor will any such modification be used to increase the expected profitability of these policies; and,
- (d) will not be based on a change in the Insured's health, occupation or avocation.

The appropriate regulatory authority will be provided any required information regarding the change in Premium. You will be provided with at least 30 days notice of any Premium change.

**GRACE PERIOD.** A Grace Period of 31 days is granted for each Premium Payment after the initial Premium Payment. The Policy will stay in force during this period. No interest is charged on the Premium Payment due during this time. If the Insured dies during the Grace Period, any Premium amount due will be deducted from the Death Benefit. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE.** If a Premium is not paid during the Grace Period, the Policy will Terminate on the due date of the first Premium Payment in default.

---

## CONVERTIBILITY

---

**CONVERSION OPTION.** While this Policy is in force and before the Conversion Expiry Date, as shown on the Data Page, You may convert this Policy to a New Policy on the life of the Insured without evidence of insurability.

You must submit to Us this Policy, a written Application for Conversion, and the first full premium for the New Policy.

**NEW POLICY.** The New Policy must be a permanent life insurance policy, unless otherwise specified on the Data Page. The New Policy:

- (a) must be a product currently offered by Us for conversion and using the same underwriting basis as this Policy;
- (b) will be issued at the Insured's then attained age and based on the rules and rates for the product selected;
- (c) will be issued at an equivalent rate class as this Policy; and,
- (d) will use premium rates in use on the conversion date.

We will assign a rate class that most closely corresponds to the rate class of this Policy based on the underwriting guidelines in use on the conversion date.

The New Policy's Face Amount cannot exceed the Face Amount of this Policy.

The Incontestability and Suicide periods of the New Policy will begin on the Issue Date of this Policy.

Premium Waivers, Children Term Riders and the Accelerated Benefit Riders may be converted to the New Policy, so long as they are available for use with the New Policy.

If the New Policy contains a Disability Waiver of Premium Rider, the benefits under this Rider will not be effective unless:

- (a) the total disability of the Insured commenced after the Issue Date of the New Policy; and,
- (b) the total disability of the Insured is not the result of an injury, disease, or infection that occurred or existed before the Issue Date of the New Policy.

**AUTOMATIC CONVERSION.** If Premiums are being waived under a Disability Waiver of Premium Rider on the Conversion Expiry Date, this Policy will automatically convert to a New Policy, as described below.

- (a) The New Policy will be a whole life insurance policy currently offered by Us for conversion and using the same underwriting basis as this Policy and with premiums payable for life.
- (b) The Face Amount of the New Policy will equal the Face Amount of this Policy.

- (c) The New Policy will be issued at the Insured's then attained age based on rules in use for the product selected, at premium rates currently in use on the conversion date, and with an equivalent rate class to this Policy.

Premiums on the New Policy will be waived while total disability continues. If total disability ceases, any Premiums due thereafter will be payable according to the terms of the New Policy.

**CONVERSION CREDIT.** If you convert this Policy to a permanent life insurance policy prior to the Conversion Credit Expiry Date, as shown on the Data Page, We will provide a Conversion Credit equal to 100% of the annual term premium payable in the year of conversion. Conversions occurring within the first Policy Year will receive a Conversion Credit that is prorated for the amount of time between the Issue Date and the conversion date.

The Conversion Credit does not include the Premium for any Riders attached to this Policy.

---

## TERMINATION AND REINSTATEMENT

---

**TERMINATION.** Coverage under this Policy will terminate on the first to occur of:

- (a) the Insured's death;
- (b) expiration of the Grace Period;
- (c) the Term Expiry Date, as shown on the Data Page; or,
- (d) full conversion of this Policy.

**REINSTATEMENT.** You may reinstate this Policy after it has Terminated. All of the following conditions must be met:

- (a) the Reinstatement must be within 3 years of the date of Termination and before the Term Expiry Date;
- (b) You must complete a Reinstatement Application and any additionally required questionnaires to prove the Insured is insurable for this 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.

---

## SETTLEMENT OPTIONS

---

**GENERAL PROVISIONS.** All or a part of the Death Benefit proceeds may be applied to any of the following options. Other options can be used if agreed to by Us. We will first discharge in a single sum any liability under an Assignment of this 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 settlement amount. The minimum net settlement amount that may be applied to a Settlement Option is \$5,000 for any Payee and the minimum installment payment is \$100.

Settlement Options may be payable on an annual, semiannual, quarterly, or monthly basis. If you elect a Settlement Option, You may choose to 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.

The Settlement Option tables illustrate the minimum guaranteed monthly payment per \$1,000 of the net settlement amount for each Settlement Option.

**SETTLEMENT OPTIONS.** The Settlement Options are:

Option 1: Installments for a Fixed Period. Equal periodic payments will be paid for a fixed number of years, as determined by You or the Beneficiary. The first payment is payable on the settlement date.

At Our option, additional interest may be used in the calculation of the periodic payment.

Option 2: Installments for a Fixed Period and Life Thereafter. Equal periodic payments will be made for a fixed period selected by You or the Beneficiary and while the annuitant is still living thereafter. The first payment is payable on the settlement date.

Option 3: Life Annuity. Equal periodic payments will be paid for as long as the annuitant lives with no payments certain. We have no liability upon the annuitant's death.

Option 4: Payments of a Fixed Amount. Equal periodic payments selected by You or the Beneficiary will be made until the total settlement value, with accumulated interest, is paid. Interest will be paid at the rate for funds left on deposit, but not less than the minimum guaranteed settlement rate shown on the Data Page. The final payment will be the unpaid balance. The first payment is payable on the settlement date. The total payments made in each year must be at least 4% of the net settlement amount.

Option 5: Interest Payments. We will hold the net settlement amount at interest. Interest will be paid at the rate for funds left on deposit, but not less than the minimum guaranteed settlement rate shown on the Data Page. At any time, an amount of at least \$100 may be withdrawn from the amount held. If the amount held on deposit falls below \$5,000, We may pay the entire amount held to the payee. The first payment is payable at the end of the first interest period.

**COMMUTATION OF SETTLEMENT OPTIONS.** Commutation is the payment by Us of a lump sum in lieu of any future annuity payments. In no case may any life-contingent payments under Options 2 or 3 be commuted. Payments under the other options may be commuted. When an option is commuted, the effective interest rate used to compute the settlement option plus 1% will be used to calculate the present value of the future payments.



**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 TERM LIFE INSURANCE POLICY**

- Premium Paying Period as shown on the Data Page.
- Convertible.
- Nonparticipating. Dividends are not payable.
- Death Benefit payable as a lump sum or as described in the Settlement Options provision.
- Premiums are adjustable subject to the Guaranteed Maximum Annual Premium.

---

**ALPHABETICAL GUIDE TO POLICY PROVISIONS**

---

Assignee .....	3
Assignment .....	3
Attained Age .....	4
Automatic Conversion .....	6
Basis of Computations .....	5
Beneficiary .....	2
Change of Beneficiary .....	3
Claims of Creditors .....	5
Commutation of Settlement Options .....	8
Conformity with State Law .....	4
Conversion Credit .....	7
Conversion Option .....	6
Death Benefit .....	3
Effective Date .....	2
Entire Contract .....	2
General Provisions Relating to Settlement Options .....	7
Grace Period .....	6
Incontestability .....	4
Insured .....	2
Irrevocable Beneficiary .....	3
Lapse .....	6
Misstatement of Age or Sex .....	5
Natural Person .....	4
New Policy .....	6
Nonparticipating Policy .....	4
Notices .....	5
Owner .....	2
Policy Month .....	4
Policy Year .....	4
Power to Modify .....	5
Premium Payment .....	5
Proof of Death .....	4
Reinstatement .....	7
Right to Change Premium .....	5
Right to Examine .....	1
Settlement Options .....	7
Special Monthly Premium .....	5
Suicide .....	4
Termination .....	7

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